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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

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No. 36.

Oral Region, (concluded.)—The roof of the mouth or *hard palate* consists of symmetrical parts included within the alveolar arch; the elements of which are bone, periosteum, mucous membrane, submucous or connective tissue, palatine glands, blood-vessels and nerves. It separates the mouth from the nose, constituting the floor of the latter; a dense, white, medial line, running antero-posteriorly, forms the *raphe*. Its commencement behind the front incisors is marked by a depression, the *foramen incisivum*. A few transverse ridges are situated anteriorly. The height of the hard palate varies very much in different individuals. The skeleton of the region is formed by the horizontal plates of the superior maxillary and palate bones, the union of which is opposite the raphe, and is effected by a simple roughening of the approximated surfaces, forming a variety of suture, technically called the *harmonia*. A transverse suture crosses the posterior part of the hard palate, uniting the anterior margins of the palate plates of the palate bones with corresponding processes of the maxillary bones. The mucous membrane covering these plates is pale and dense, and is firmly connected to the periosteum by the submucous layer of fibrous tissue. It is in this latter that the palatine glands are lodged. They are racemose in form, and confined for the most part to the posterior two-thirds of this region.

Arteries.—The *superior palatine* descends from the internal maxillary, reaching the hard palate through the posterior palatine foramen and passing along a groove which commences close to the posterior union of the alveolar process with the palate plate, is distributed in the submucous tissue, and anastomoses with the sphenopalatine in the anterior palatine canal. Small branches reach this region also from the facial and alveolar trunks.

Nerves.—These are derived from the fifth pair, and the ganglion of Meckel. The anterior palatine branches reach the hard palate along side of the artery, and are distributed much in the same way, communicating in the foramen incisivum with the *naso palatine*.

Practical Remarks.—The depth of the hard palate will influence much the permanency of the dental apparatus. There may be congenital deficiencies in which the two halves fail to unite from arrest of development. This may be conjoined with similar clefts in the lip and soft palate. Or there may be an absence of the incisive bone, associated with the want of the middle of the superior lip; or there may be a cleft on either side of the *os incisivum*, the latter being in a great measure insulated from surrounding connections, at least along its margins and pharyngeal extremity. In these instances the mouth and nose communicate freely with each other. Such a condition interferes with the nutrition of the child, the milk escaping from the nose. The plastic condition of all the textures of the face, osseous as well as others, will suggest the propriety of a properly applied pressure, which tends greatly to diminish the existing gap. Even the early operation on the fissure of the lip will, by the tension resulting from the approximation of the edges, considerably narrow the palatine chasm.

The hard palate may also be perforated by scrofulous and syphilitic disease, and sometimes by pointed instruments being thrust into the mouth.

All these may be closed by the ingenuity of dentistry, contributing greatly to the comfort of the patient. The mucous membrane of the hard palate is so dense and firmly adherent as to be inadequate for purposes of closing these chasms. In removing one maxillary bone from the other, the *raphe* should be incised, as it conducts to the palatine suture, where the bones unite.

In catarrhal affections of the mucous membrane of the nose, the roof of the mouth is occasionally itchy, and the tongue is rubbed against it to relieve the sensation. The communications between the anterior palatine and naso-palatine nerves explain this. The mucous membrane is acutely sensitive immediately around and in the incisive foramen. Fractures of the hard palate are not attended with much displacement, there being no muscles attached.

Morbid growths, either from the antrum or nasal cavities, may force the palate down by being developed in that direction. Wounds of this part of the mouth sometimes bleed very profusely, in consequence of the unyielding nature of the tissue in which they lie, not contracting upon the vessels, nor allowing the latter to contract from its connection with their walls. For the same reasons it is almost impossible to attempt the application of a ligature. Pressure, or the actual cautery, will prove the most effectual agents in such cases. Farriers not unfrequently abstract blood from horses by pushing a knife into the substance of one of the transverse bars so prominent on the hard palate of this animal. I have seen, in more than one instance, a hæmorrhage from this method of bleeding, which came very near proving fatal to the animal. The anterior bars are in the horse subject to hypertrophy, and which is removed by feeding on hard food, such as corn in the ear. Inflammation of the mucous membrane of this part of the mouth is attended with much suffering, from its unyielding nature.

Fauces.—Stretching across the upper part of the posterior part of the mouth is a membranous fold, “the *soft palate*.” From its centre hangs a little process, “the *uvula*,” descending from either side are two crescentic folds, becoming widely separated as they descend “the half arches, or *palatine pillars*,” and between these, on either side, are situated the *tonsils* (*amygdalæ*.) This space, bounded above by the soft palate, below by the tongue, and on either side by the arches, forms the *fauces*. It is a narrow communication between the mouth and the pharynx. It

is a most interesting portion of the alimentary apparatus, liable to painful and dangerous morbid affections. Fig. 32 will exhibit these

Fig. 32.



several parts. The tonsils seen on either side are, however, much too large to convey a proper idea of their normal dimensions, having been taken from a subject in which they were greatly hypertrophied. Let us examine the elements of these parts with some detail.

Soft Palate.—It consists of symmetrical parts, composed of muscular, mucous, connective, aponeurotic, and glandular tissue, blood vessels, lymphatics, and nerves.

The muscles are the *levator palati* and *tensor palati*. The first arises from the petrous part of the temporal bone and the posterior margin of the Eustachian tube; descending, it is inserted into the palate. The latter arises from the scaphoid fossæ at the root of the pterygoid process of the sphenoid bone, also from the spinous process of the same bone and the fore part of the Eustachian tube. It descends from these attachments, and, forming a tendon, is reflected around the hamular process on the end of the internal pterygoid plate, and is inserted into a crest on the palatine plate of the palate bone. It is but a short distance exterior to this tendon that the main trunk of the palatine artery reaches the hard palate.

Uvula.—This consists of two muscles, called *azygos* or *motores uvulæ*, which are connected to the spine of the hard palate at one extremity, and hang free at the other. The position of the uvula should be particularly noted as just above the root of the tongue, but not in contact with it.

Arches.—The anterior is formed by a few muscular fasciculi, called the *palato-glossus*, extending from the soft palate to the side of the

tongue; the posterior arch by similar fasciculi extending from the soft palate backward, and downward to the pharynx, and called the *palatopharyngeus*. All of these parts are inclosed in mucous membrane, which is connected to the muscular constituent by connective tissue, rather loose in its texture, and in which are lodged a large number of glands. The mucous layer, it should be also noted, is continued over the fore-mentioned part, behind from the floor of the nasal fossa, and in front from the hard palate, near both of which regions it is much paler and less vascular than in the more dependent parts.

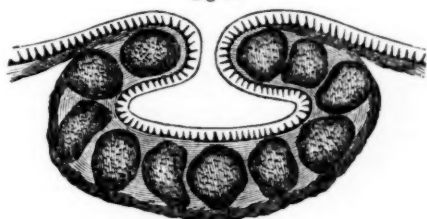
The glands are very numerous, and closely associated, on the anterior surface of the soft palate and uvula. The *aponeurotic* element of the soft palate and uvula, upon which its strength depends, is a framework derived from the tendinous expansion of the tensor palati muscles and the fibrous tissue of the surrounding bones. The posterior nares open into the pharynx, immediately behind the soft palate.

Tonsils, (Amygdalæ.)—These are situated on either side of the posterior part of the tongue in niches between the anterior and posterior palatine arches. If healthy, they should not project to the free margin of these arches. Their surfaces present a reticulated appearance. In shape, they are hemispherical, the surface presenting to the fauces, convex; the other rests against a fibrous layer, "the *pharyngeal aponeurosis*," which separates these "organs from the constrictor muscles of the pharynx, against which again rest the great internal carotid vessels of the neck. The tonsils, if enlarged, may be felt by pressing a finger just beneath the angle of the lower jaw.

Composition.—They consist of an aggregation of compound follicles, such as have been described at the posterior part of the tongue, and which are connected to each other by a fibrous bond, and surrounded by a common capsule of the same, mingled with which are some muscular fibres derived from the superior constrictor of the pharynx. Fig. 33 exhibits one of these follicular glands, and which will be found to be made up of the following constituents:—First, a number of closed capsules, averaging about one-eighth of a line in diameter, supported and embedded beneath, in a layer of connective tissue, having a flask shape, and covered on their superficial surface by an inflexion of the mucous membrane with its ordinary papillæ

and epithelium. The capsules consist of an envelope of connective tissue, homogeneous in

Fig. 33.



its appearance, and containing a fluid the reaction of which is alkaline, in which float certain forms of elements, such as free nuclei and cells. Experiments prove that the capsular contents contain no mucus; at least no evidence of such a precipitate appears on the addition of acetic acid.

Blood-vessels.—The *inferior palatine* from the facial; *palatine* branches from the internal maxillary; *tonsillitic* and *palatine* branches from the lingual and ascending pharyngeal—are all concerned in supplying the velum, uvula, arches, and tonsils. In regard to the latter, the vessels pass in between the follicles, and finally spread over their surface in a beautiful plexus.

Veins.—Some empty into the pharyngeal; some into the facial, below the jaw; and others into the internal maxillary.

Nerves.—These are received from the middle and posterior filaments of the *inferior palatine* nerves which descend from Meckel's ganglion. They can be traced into the papillæ of mucous membrane, but not in the membrane of the elementary follicles. They have likewise lymphatics.

Practical Remarks.—Congenital defects are noticed in the soft palate, such as arrest in development and the consequent failure in the union of the two halves, leaving a fissure or gap between. This may exist in various degrees, from a simple notch in the uvula to the entire separation of the soft palate; or it may be associated with a cleft in the hard palate, and also the upper lip.

Among the most troublesome operations in surgery, is that of freshening and uniting the edges of the velum in cases of cleft. The part is extremely sensitive. The chief difficulty, however, will be at once appreciated by considering the connections of the circumflex muscles

already described. These being reflected around the little hook processes at the end of the pterygoid plates of the sphenoid bone, render them very effective in dragging asunder the two halves, and thus continually straining the parts upon the stitches, the latter ulcerate through before union takes place. To avoid this source of failure, the division of these tendons has been suggested. If the reader will take up a skull and examine the extremity of the pterygoid process, he will see that the internal plate descends the lowest, and that a short distance exterior to it is the posterior extremity of the alveolar process of the upper jaw. A knife, therefore, thrust in between these two, with the edge turned toward the former, could be made to divide the tendon of the circumflex muscle with a good deal of certainty. Where this operation is performed, two practical points are very naturally suggested:—

First, the division of these tendons will be facilitated after the closure or adjustment of the fissure, for then the tension would give them some degree of prominence, which render that division more certain; and, second, the edge of the knife should be turned from the alveolar process, as it is in the notch between it and the hook on the pterygoid plate, that the superior palatine artery and nerves reach the hard palate. The introduction of the silver wire ought to make this operation more satisfactory than it has heretofore been. The posterior nares, opening above and behind the velum, will explain the titillation and disposition to gag, which may accompany a polypus suspended from the former cavities, or the secretions which flow from the nasal fossæ toward the pharynx, or the introduction of instruments which are carried through the same passages. Inspection of its posterior surface can only be effected through the sense of touch, unless the recent principle of the optic apparatus for examining the pharynx shall be so modified as to apply to this purpose. The soft palate is liable to be attacked by both syphilitic and scrofulous ulceration, especially the former. Destruction of its tissue imparts a peculiar tone to the voice, in consequence of the articulation being attempted without expelling the air from the post-palatine region. The regurgitation of fluids into the nose as a consequence of its loss, I do not think to be at all general. The Eustachian tube is between the origins of the two muscles which compose the soft palate. The hearing

may, therefore, be effected by causes which, acting upon these muscles, alter the natural condition of the orifice of the tube.

The pendulous process of the soft palate, (uvula,) while it is suspended over the tongue, nevertheless, does not come in contact with its surface. Should it do so, it is the result of disease. The mechanical irritation which follows is often sufficient to develop a troublesome cough, and, if neglected, will kindle up a pharyngitis or even laryngitis, which years of treatment will not eradicate. Persons sometimes complain of a constant inclination to swallow, which is generally due to an elongated soft palate.

These conditions are often treated empirically. The anatomy, as already recorded, will show what experience or pathology fully corroborates: that the elongation may be due simply to relaxation of the muscles, allowing the organ to sink down, or to an inflammatory exudation into the connective tissue, or to a morbid condition of the glandular layer. The last two will carry it down by increasing its weight and volume. Many persons are very prone to inflammatory states of this organ upon the slightest accession of cold. It is certainly an evidence of a want of constitutional stamina, and should excite at least a reasonable care to guard against every cause which may tend to implicate the pulmonary or lymphatic organs.

Not unfrequently a transparent vesicle is noticed at the extremity of the uvula. This is produced by the inflammatory exudation of serum gravitating to the most dependant part, and by gradually dissecting the mucous membrane away from the muscular tissue makes a little sack for itself. When local applications fail to restore the uvula to its proper length, operative measures are demanded, such as the removal of a portion of its substance. Some discretion is to be observed in this. Should there be simply the little bag of serum at the lower extremity, nothing more is requisite than its amputation; but, if the excessive length is due to follicular inflammation, or hypertrophy, or plastic effusion into its connective constituents, then the incision must remove a portion of the muscular tissue, equal to one-third the length of the organ. Polypi may be connected with the soft palate. When present, the attachment will be close to the posterior nares, as it is there where the organization is most closely allied to the mucous membrane of the nasal fossa.

Vertical wounds of the velum will be attended with the greatest displacement from the action of the circumflex muscles. The reverse will be the case with wounds of the uvula, from the direction of its muscular fibres. The soft palate being connected to the palate plate of the palate bone, it may be spared in cases requiring the removal of a maxillary bone, by disarticulating where those plates are attached to the corresponding processes of the latter.

Abortion in its Medical and Moral Aspects.

By J. M. TONER, M. D.,
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I was recently summoned to attend the sick bed of a highly-accomplished female, whose life was in imminent danger from inflammation consequent upon a recent abortion. She was so ill that consultation with one of the most eminent and experienced practitioners of this city was deemed necessary.

The abortion, too, was produced at her own solicitation by a man calling himself a doctor, and practising one of the many systems of quackery which are too often a mere cloak for their nefarious trade. This one is actually patronized by some families of respectability having faith in his theory and exclusive practice. When severe suffering and disease had sufficiently alarmed and awakened this woman, and those around her, to her real danger, and compelled her to send for a regular physician, she reluctantly made him acquainted with her true condition and its cause, and confessed the name of the man who aided her in her criminal design. But, even when she believed it impossible for her to recover, she could not be influenced by her physicians to give testimony before a magistrate that would fasten guilt upon the man and corroborate what she had told us, for we were eager to have him arrested and prosecuted.

She recovered, and we have to remain silent. Had she died, her body could have been produced as testimony against him.

Her recovery was slow, and attended with the usual penalty, a constitution permanently injured. This case, in connection with other facts of my professional experience, induces me to believe that a few remarks upon the moral and physical evils arising from the fearfully frequent practice of premature labor, or abortion,

will not prove uninteresting to the profession, nor unprofitable to the community at large.

There is a wicked and very prevalent opinion pervading society, particularly certain classes, that "there is no harm or crime in abortion if it is produced before quickening." Indeed it is not uncommon for a married woman, who does not wish to have her family increased, or attend to the wants of her offspring, and thereby forego the pleasures and freedom of society, to make use of some effectual means of causing the death of the fetus. The code of medical ethics, the high sense of honor characteristic of our profession, as well as the moral law, alike forbid us to pander to the depraved sentiments, or to succumb, for the love of gain, to the unnatural demands either of weak and erring unmarried females, or the fashionable wives, whose sole happiness seems to depend upon their being seen upon the public promenade, and participants in the desultory pleasure of ball-room excitement. We are likewise forbidden to listen to the cry of anguish and distress, of weak and confiding woman, who could rashly commit a greater crime to prevent the publicity, and hide the shame of a lesser.

No law of nature can be violated without punishment being inflicted upon the offender, both morally and physically.

If God punished Onan by death for spilling his seed upon the ground, how much more fearful will be his vengeance upon the person who not only destroys the fructifying seed but the life of a new human being? Physiologists see in the seed a complete outline of the developed plant, and seeds will germinate and produce their species when placed in the proper soil or nidus, after having lain dormant and, to all appearances, dead for thousands of years.

This fact proves conclusively that the life principle of development, though it appears dormant, is essentially inherent in, and constitutes the intrinsic value of the seed as the re-producer of its species.

The destruction, therefore, of a single seed, ovule, or germ, is the annihilation of a reproductive agent in the vegetable or animal kingdom.

Who will presume to say at what point of time existence begins in man? Morally considered, it is of no importance whether the murderous hand is raised to destroy the seed of man in its incipient germination, or in its ethereal or more refined existence, or when it is

physically matured. The period of time diminishes not the enormity of the crime, as no human tongue can name the moment when mind and matter join and dwell together. If no sparrow falls to the ground without God's knowledge, can it be supposed that he does not watch over the germ of a new being, bearing his own image and likeness, and that he will not avenge its premature death? I cannot agree with the too generally received opinion of the profession that, in practice, cases arise where both science and common sense warrant and demand that premature labor be produced, when, for instance, from malformation of the female, or from unforeseen circumstances, it would be physically impossible for a child to be born at full term, and of ordinary size, in the natural manner.

This is doubting Providence, for who can tell the mother's lease of life, or that she might not die of natural causes before the end of gestation, or say that what now seems impossible may not become possible and easy? Humanity and morality will justify and true science will suggest every rational means for the delivery, but that of causing the death of the child.

What presumption to constitute ourselves judges to condemn to death, or to decide which life is the more important to preserve, or the less criminal to destroy!

Can a doctor's diploma make the greatest crime a virtue? "Thou shalt not kill," is the command of the Judge of heaven and earth. But the doctor answers, that we only destroy the life of the child to save the more important life of the mother. We may kill, but we cannot insure life; we may destroy, but we cannot create. Dr. Eve, in his address before the American Medical Association, eloquently said, that quacks promise to cure, and divines uphold them, but it is God who cures, and doctors know it.

Take the case of a deformed female, who, naturally, would be unable to bring forth a fully-developed child. The child in utero is liable to accidents, disease, and death, and the mother may be delivered of her immatured fruit. Even if the child grow to full time, and the delivery be found impossible in the natural way, then, without murdering by visceration and mutilation, we have, whilst the child is living, the choice of the Cæsarian operation, which offers a reasonable hope to save the life of both, and certainly relieves us from deliberately and intentionally causing the death of

either. This is a fearful operation, but the success which has attended somewhat similar operations for the removal of large tumors from diseased and debilitated subjects, induces the belief that the Cæsarian operation would preserve the life of both the mother and child in many instances in which the life of the latter is now unhesitatingly sacrificed. I have never seen the Cæsarian operation performed, but I know that it must be a fearful one; and yet I do not understand how a conscientious man can consent that a child's life should be destroyed in utero in preference to the effort to save both, by delivery in this way. Until the profession discountenances, in toto, the causing of the death of the fœtus in utero, under any and every plea, and at every stage of its development, we cannot speak with that boldness and positiveness against abortion (a practice, I fear, much more frequent than many of our best-informed physicians are aware of) that will insure the arrest of this secret and criminal practice.

There is not a doctor of any considerable practice in any of our large cities who is not approached for this very purpose.

Unfortunately, there are means, both mechanical and medicinal, known to females, which are frequently used, and whose effects are manifested only when it is too late to save the child. The life of the mother is in great danger.

Indeed, premature labor is not sought by females only to hide their shame of illicit intercourse. Married women wishing to travel, or to enjoy the freedom of society, either with or without the consent of their husbands, determine on abortion.

Fearful to approach her family physician for such a criminal purpose, she will go secretly to some young man just starting in his profession, in the hope that a large fee and the practice of an influential family may overcome the firmness and decision of character which ought to enable him to reject such an overture. Or, she may address by letter some one of the many quacks whose shameless advertisements may be seen in almost every paper of the present day, hardly excepting the religious ones, and she will be supplied with means and instructions how to carry out her wicked purpose. Or, if wealthy, and circumstances permit, she may visit some other city, for I believe these heartless Herods, of both sexes, are a curse found in all large cities.

The decision of the courts and the opinion of the profession have been so feebly expressed, or impotent, that many good men in the profession, and nearly all out of it, do not see and feel its criminality.

Many are restrained from its practice only by the fear of legal prosecution or the ethics of the profession, which, God knows, are both too often insufficient to prevent irregularities.

If we assume the position that we are justified in taking the life of the child to save that of the mother, where will it end? The virtuous reputation of a female in good society is almost as important as life, for the loss of it will surely cost her her position. Then may we be importuned with some show of plausibility to convert a crime into an act of charity by rescuing or shielding by a greater crime a fallen creature from a merited life of shame, dishonor, and perhaps degradation.

But a short time since, a lady, the wife of a merchant, doing a profitable business in this city, called on me in my office and said, "I wish to speak with you professionally and to know if I can rely upon your keeping the matter of consultation sacredly secret?"

"Certainly, madam, in everything that is proper in the profession or personal to yourself."

"Well, I can trust you I suppose, and it is this: I am about three months gone in pregnancy and I have made up my mind that I will not slave myself to death with another child."

As she spoke her eyes flashed, and her voice and manner evinced her positive determination to do as she said.

Looking her steadily in the face I said, "Madam, are you aware that willfully to cause an abortion is a criminal offence—murder to all intents and purposes?"

"Nonsense, doctor, there is no life yet, and a great many persons do so and think it no harm, nor do I you need not be afraid. Do you see this arm?"

"Yes, certainly."

"Well, rather than speak one word that would get you into trouble I would cut it off at the shoulder."

"You mistake your man," I replied; "I have not the slightest intention to put myself in any danger of the kind, as I firmly believe it to be murder, whether you destroy life at the age of one day or fifty years."

"Doctor, I do not believe it is a crime, for God cannot wish to afflict us with the suffering

and denials that it compels a woman of my age and tastes and position to undergo. But, crime or no crime, I am fixed in my resolution not to have another child, so you may as well make a good fee and be henceforth our family physician."

I answered very positively that no consideration could induce me to become a party to her criminal designs, and I moreover assured her that I would closely watch her course, and, if need be, appear as a witness against her if she persisted in her scheme of folly and crime. She left my office without evincing the slightest change in her wicked determination. What has been the result I cannot say, but I fear the worst. I can recall ten similar applications within the last three years, about one-half of them being made by married women, and some of them by husbands in behalf of their wives, and I have no doubt but that this will accord with the experience of other physicians in practice.

All large cities have dens of wickedness and crime where premature labor, with its concomitant evils, is frequently produced. In fact, it has become a regularly-established money-making trade—carried on by both sexes—and its deluded victims, poor, nervous, pale, and sallow creatures, mere skeletons of what they once were, are daily seen upon our thoroughfares, or visiting fashionable and reputed health-restoring resorts. That the life of the mother is greatly endangered by induced labor no well-informed physician can doubt, and, likewise, it is certain that the life of the child is rarely saved, even in the later months of pregnancy.

It is not necessary to collect here the opinions of the most eminent writers, whose teaching and experience prove conclusively the great risk and hazard of life, and that, in all cases, disease is established as a consequence of interfering with the highest and healthiest law of nature, that of reproduction.

There is no practitioner of any experience who is not familiar with cases of nervous sufferers, with ruined constitutions and uterine diseases, induced, or greatly aggravated, by abortions, whether accruing by accident or design. Yet, is it not astonishing that men of learning in a profession eminently humane and philanthropic, will assert, in courts of law, that an abortion produced at three months is not more serious to the mother than natural labor at full term?

The recklessness of this assertion is certainly

commensurate only with the unpardonable want of honesty of him who made it. If such opinions are acted upon, what crimes will it not encourage and what sufferings and misery will it not entail? We rely upon the virtue and good sense of the profession to render such doctrines powerless. But the asserter of them is morally guilty and should be treated as a nuisance, alike dangerous to the health and morals of society. Unfortunately, our laws are so lax and so lamely administered that it is next to impossible to convict abortionists. They are cautious and prudent in their speech and actions, and make confidants only of those whose acts, intentions, or principles, render them, to a certain extent, participants in the crime. Criminal law makes an unjust and assumed distinction as to the extent of the crime of abortion, depending entirely upon the stage of development of the fetus; thus, in some States, punishing only as a misdemeanor what is murder in fact and in morals.

The profession is not doing its duty when it permits such false and groundless assumptions to bias the decisions of courts, and shield and give a silent sanction to crime. In regard to these matters I hope to see a higher moral tone disseminated among the people, acted up to more conscientiously by the profession, and a willfully causing of abortion declared by law to be murder, and rigorously punished as such by the legal tribunals.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

FIVE CASES OF SCURVY.

These cases of scurvy occurred in a number of seamen belonging to a vessel coming from Calcutta, on a five months' voyage.

The men were kept on a low diet, with a total absence of vegetable food—even their hard sea-biscuit having become injured by worms; the consequence was that they were driven to the exclusive use of salt meat, the natural result of which was that the men became attacked with scurvy. Several of the men are now in the hospital, laboring under scurvy and presenting the various types of the disease. One case is of a light character; another so malignant that, when the man was admitted, he was in imminent danger of his

life; he is still very low, though slightly improving.

The mildest case was first brought before the class. The dull, dusky color of the blood was clearly perceptible, resulting from the altered condition of the constituents of the blood. This patient has not had numerous petechiae, though in some of the cases the whole body is sprinkled over with them. The gums are moderately swollen, and they are turgid, particularly those of the lower jaw, looking much like pyralized gums.

This man was taken sick after having been on board the vessel some four months, and has been laid up about four weeks. He has been altogether confined to salt meats and a hard bread, called rice-bread, made in the West Indies.

They had no vegetable food whatever, but they had plenty of room and fresh air aboard ship.

He has had no diarrhoea. His pulse is somewhat feeble and frequent, but not otherwise altered; yet still he is weak. He cannot walk; his legs are weak and bend under him; he has numerous ulcers upon his legs. There is a deep purplish tint of the skin, in spots over some portions of his legs.

The treatment consists in giving him an abundance of vegetable matters, such as potatoes, cooked, and also simply cut up in the raw state and covered with a little vinegar, of which he eats a number of pieces frequently through the day. His bowels being regular and his digestion apparently good, he is allowed to eat cabbage, which would be unsuitable if his bowels were out of order, because it is difficult of digestion.

Another good article of food is carrot, and also spinach, which last is the best article procurable in these latitudes at the present season of the year. In addition to all these articles of food, another article, which has been given in scurvy from time immemorial, is administered—the juice of lemons.

It is often a practice among sea-captains to take with them a supply of lemon juice, which they give to their seamen. A wine-glassful of lemon juice twice a day will often antagonize the appearance of scurvy when it is breaking out.

It is the juice particularly of the fresh lemon that is very useful, for the old juice often becomes, to a certain degree, injured.

Dr. Gerhard has not seen so well-marked cases of scurvy as these for a long time, for at present the disease is getting quite uncommon, owing to the prophylactic measures coming into general use, especially since we have learned how to preserve vegetables fresh and succulent for a long time.

Formerly, scurvy was one of the most frequent diseases on board a man-of-war, so that ships often lost half their crew by the disease when on a long cruise.

Lord Anson lost one-half of his crew by

SCURVY: Sir Francis Drake lost one-half of his crew, while the balance came in port in a most miserable and deplorable condition. These men, however, were huddled together, besides having but a poor and meagre diet.

Scurvy, however, does not only occur at sea—it is a disease that may also break out on land, though it has been more frequent at sea, because the vessels have not the means of procuring vegetables to stop the disease, while they can almost always be obtained on shore.

Dr. Gerhard remembers, when he was physician to the Alms-House, that there was an eruption of scurvy in the house, because the managers, in their efforts at economy, had put the inmates on a diet consisting of dry food, without allowing them potatoes or other fresh vegetables. The scurvy broke out at the beginning of summer, at which time of the year fresh vegetables are very high in price, and were considered too dear to feed paupers on. The patients were put on an antagonizing treatment, and had their vegetables after all, which stopped the ravages of the disease.

There are five cases in all in this house. One of these is in imminent danger of his life, though the case is somewhat more favorable than when he entered the hospital. He presents much more of the dull, dusky appearance here of the face than the other, and the skin looks as if the blood circulating through it was a mixture of ink and water more than anything else; the skin is of a mahogany color. He lies in a dull, stupid condition; his memory is enfeebled; his strength is greatly impaired; his powers of resistance being almost gone; his pulse is frequent and feeble, beating over 100 in the minute. He has great swelling of the gums, and is losing some of his teeth. There are numerous black patches all over his body, consisting of blood underneath the skin. There are no ulcerations. In his case there was some little doubt as to the nature of the treatment which should be instituted, in consequence of his extreme prostration and other unfavorable symptoms. Fortunately there was no diarrhoea. He is given plenty of lemon-juice, a lemon always lying by the side of his bed, and he is urged to suck it just as frequently as he feels inclined. He has but little appetite, and can take food only in small quantities; every hour he takes a tablespoonful of boiled spinach; he is being given potatoes prepared in several ways—grated, sliced with vinegar, cooked, etc.; he takes cranberries, fresh meat, and also a wine-glassful of milk punch, one-third spirits, every three hours.

The other cases vary between the two already described, and, compared with the worst case, are comparatively mild. They all have blotches very abundant beneath the skin, and considerable prostration and loss of strength. They are all doing pretty well, being put on the use of lemon-juice and fresh succulent

vegetables, as already detailed in the other instances.

The worst case is to-day, for the first time, in a state of convalescence. He asks for mush and milk, and, of course, his desire will be gratified. A cure can now be hoped for; but there is no doubt that, if he had been kept at sea but a few days longer, he would have died. He is now in a condition to derive benefit from tonics, and he will be given a grain of quinine every two or three hours. In a day or two, the dose may be increased.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

AMPUTATION ABOVE THE WRIST — HEMORRHAGE FROM THE RADIAL ARTERY—LIGATURE OF THE BRACHIAL.

A case was exhibited, in which amputation just above the wrist had been performed some days previously, in consequence of an injury to the hand. The operation was performed in the best possible manner, and the vessels secured with all care. On the sixth day after the operation, free hemorrhage took place from the end of the stump, the blood coming from the interosseous artery. The arm was laid open, and the interosseous artery secured, on the face of the interosseous ligament; this controlled the hemorrhage, and there has been no flow of blood since, from that vessel.

In performing this operation, it was necessary to go under the deep flexors of the arm; and the radial artery was found in its regular place, but twice its natural size. From the size of the vessel, and the hemorrhagic tendency of the arm, it was deemed judicious to take up the radial and tie it also, which was accordingly done. The ligature placed over this vessel came away on the sixth day, and all seemed to go on favorably. In a few days, however, a hemorrhage occurred from the radial artery at the point where the ligature had been applied. The dry salt of Monsel was put in the wound, and also pledgets saturated with a strong solution of the same, while the tourniquet was applied. The bleeding was arrested, and hopes were entertained that the hemorrhagic tendency was controlled. It is now the ninth day since the application of the Monsel's salt.

Yesterday the plug was discharged, and during the night a terrible hemorrhage occurred with a large jet, the size of a crow quill, from the radial artery, a little below the point of the previous hemorrhage.

The cause of this hemorrhage is not the force of the heart's action, nor does it seem to be the fault of any peculiarity of constitution. It depends on an irritable or morbid condition of

the arteries themselves, and especially their muscular coats.

The proper treatment in the present case is a serious question. The artery must be secured; and there is no alternative, except to tie the vessel on the forearm, or on the arm, unless it be amputation of the limb above the elbow joint; and perhaps eventually this must be resorted to, if success should not attend the ligation of the vessel.

There may be less chance of the ligature obliterating the vessel, because the walls of the vessels and also their sheaths and the surrounding parts have become softened, in consequence of inflammation and extensive extravasation.

It has been impossible as yet to determine whether the blood flows from an opening on the cardiac or the distal side of the ligature. Probably, however, it comes from the distal, and if the diseased parts were opened, it would be necessary to apply two ligatures; hence, it was thought best to resort to ligation of the brachial. This artery must not be tied near the elbow joint in this case, for there has been great effusion of blood just above the joint; and, beside, if tied there, the ligature would be placed below the origin of the anastomotica, through which the blood would find its way again into the radial. For this reason, Prof. Pancoast preferred tying the brachial above the origin of the anastomotica, in the middle part of the arm, in order to let the blood circulate by the two profundas—major and minor.

There is little, if any danger of there not being a sufficient amount of blood passing down the arm to keep up its vitality.

Dr. Pancoast then proceeded with the operation. The brachial artery was found to be double, that branch running in the usual course being much smaller than the other. The main trunk was tied, and a ligature then placed upon the high division, in which the ulnar artery comes off toward the axilla. But this ligature was not tightened, because the arm had become cold from the effects of the other ligature. Some two or three hours after, on going to tighten the ligature on the ulnar, the artery had already ceased to beat, from exposure to the air, and it was preferred to push the ligature to another part of the artery, where the vessel was felt beating strongly.

PHILADELPHIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Da Costa.

PLEURISY, AFTER DEBAUCH, WITH HEPATIC COMPLI- CATION.

James E., a young man, twenty-three years of age, was admitted into the hospital on the evening of January 9th, after a violent debauch, suffering from acute pain at the lower third of

the right side, dullness on percussion anteriorly on the right side, extending up to the fifth rib. A friction sound was heard over the same space, together with slight crepitation; he had some fever, a frequent pulse, respiration twenty-five per minute. Beside the pain, however, he complained of nothing.

On the following morning he presented a hot, dry skin, at the same time jaundiced; the pain was still intense, respiration had risen to 42 per minute, the eyes were deeply jaundiced, there was much tenderness over the liver. There was no delirium. He had a painful, but not severe cough—more of an irritative cough.

At this time there was on percussion—dullness from the second rib down. The friction sound was absent.

This patient, then, who came in after a debauch, with intense pain in his side, accompanied by some shortness of breath and a friction sound, evidently, was suffering from pleurisy, in its first or dry stage, as the latter sign indicates.

On the next morning, however, we find on percussion dullness much more marked and extended, with a disappearance of the friction sound, an increase of the general symptoms, more restlessness and fever, respiration nearly doubled in frequency.

The interpretation of these symptoms is easy. The disease has passed into its second stage, effusion has taken place between the two pleura, accounting both for the physical and rational signs.

But, along with these symptoms there is now hepatic tenderness, and a jaundiced condition of the patient, indicating, if not inflammation, at least considerable congestion of the liver. In a certain number of cases, both of pleurisy and pneumonia, the liver becomes implicated, and hence the terms bilious pleurisy and bilious pneumonia. These forms are very frequently traceable to malaria; intemperate habits, too, are a frequent cause.

Present Condition.—The skin at present is warm, but not hot; pulse 116; still feeble; tongue clean and moist, slightly coated in the centre, otherwise natural.

On examining the lung there is found on the right side anteriorly, as low down as the sixth rib, a marked friction sound. The dullness has markedly diminished, both anteriorly and posteriorly.

The area of dullness lessening and the re-appearance of the friction sound, both indicate the re-absorption of liquid. The friction sound is caused by the rubbing together of the roughened pleurae; hence, as soon as effusion has taken place, separating the pleural surfaces, the friction sound disappears. As the fluid is absorbed the surfaces of the pleura are again brought in contact the sound reappears, an indication of recovery.

Treatment.—When the patient entered the hospital, he was placed on acetate of potash and sweet spirits of nitre; a mercurial purge was given, and sinapisms and a blister were applied to the side.

The acetate of potash and spirit of nitre were given as diuretics to get rid of the effusion and the mercurial purge to relieve the congested state of the liver.

It may be asked, would it not have been better in this case to have administered mercury, with a view to its constitutional effect? No! on account of the rapid feeble pulse, the disease occurring after a debauch, his high nervous excitement, bordering on delirium tremens. All these circumstances contra-indicated the use of mercury, or indeed any remedy tending to impoverish the blood, or to depress. Alkalies, it is supposed, keep down the tendency to a too high fibrination of the blood; they are certainly of use in cases, as in the present, where mercurials are counter-indicated.

The patient, beside, has had milk punch, chicken soup, and beef tea given to him. Under this treatment the effusion is rapidly disappearing. Both in pneumonia and pleurisy occurring in patients like this, we need not be afraid of stimulating and nourishing freely.

CASE OF EXCESSIVE DIURESIS.

John D., 24 years of age, during the summer, had had an attack of sun-stroke. Sometime afterward he was seized with a constant pain in the head, rapid emaciation, severe prostration, and an excessive discharge of urine, amounting to from thirty-six to forty pints in twenty-four hours. No trace of sugar could be detected in the urine on very careful examination. The case, hence, must be considered as one of simple diuresis, or, as the disease is frequently, though improperly, termed *diabetis insipidus*.

Modern pathology has, as yet, thrown but little light on this subject. It is known, however, that diuresis very frequently occurs in connection with disturbances of the nervous system; such seems the case in the present instance, the disease having occurred after sun-stroke.

The most successful treatment in these cases is generally that directed to invigorate and give tone to the nervous system. With this view the patient has been placed on a good diet, and has recently been ordered to take one quarter of a grain of the alcoholic extract of *ignatia amara*, three times a day, together with compound tincture of gentian, while his bowels have been kept in a soluble condition by an occasional laxative. The result of the treatment has been as follows:

| | | Pints. |
|--------------------------------------------------------------|-----------|----------|
| Amount of urine discharged daily before the treatment, - - - | | 36 to 40 |
| After the treatment. | | |
| Jan. 9th, | - - - - - | 25 |
| " 10th, | - - - - - | 23 |
| " 11th, | - - - - - | 23 |
| " 12th, | - - - - - | 17 |
| " 13th, | - - - - - | 19 |
| " 14th, | - - - - - | 24 |
| " 15th, | - - - - - | 22 |
| " 16th, | - - - - - | 26 |
| " 17th, | - - - - - | 28 |

Thus, on the whole, under the treatment resorted to, there has been sufficient amelioration in the condition of the patient to warrant a continuance of the treatment. The average discharge of urine has markedly diminished. In regard to the fluctuations observed in the amount discharged day by day, allowance must be made for changes of temperature which influence the urinary secretion to no inconsiderable extent.

The treatment will be continued as before, with the addition of the warm bath. The progress of the case to be reported hereafter.

The prognosis is not favorable; it never is in cases where the diuresis is connected with some lesion in the nervous centres.

WILLS HOSPITAL.

Service of Dr. Morton.

Reported by H. Earnest Goodman, M. D.—Resident Physician.

LACHRYMAL FISTULA.

Elizabeth A., æt. 52 years, had a lachrymal fistula, which commenced to form about three years ago. A year since she was operated upon and a style introduced. After wearing the style for about two weeks she caught cold, inflammation of the eyeball set in, which was followed by suppuration, until the eyesight was completely lost.

On account of the inflammation the use of the style was discontinued. Since the operation, as before, she has had repeated attacks of dacryocystitis, followed by suppuration.

Jan. 9th, 1861. On introducing an Anel's probe, the duct was found obliterated, a cartilaginous mass obstructing the passage to the nose.

Dr. Morton first slit up the puncta and canalicule, as in Bowman's operation, as far as its opening into the duct, and then passed a bistoury down into the nose, thus performing the operation for fistula lachrymalis, with this difference, that the knife passing down the origin of the duct instead, as in the ordinary operation, of being made to enter the distended sac under the tendon of the orbicularis muscle.

A direct communication was thus made from

the split canalicule to the nose, and a gold tube having an arm upon its upper extremity was then introduced. The arm is placed at a right angle with the upper tube and serves to support it when in its proper position. This arm is made small enough to lie in the split canalicule.

The advantage of this form of instrument is, that the tears more readily flow down into the nose. It can very easily be taken out and cleaned, or a probe passed through into the nostril, thus removing any secretion that may obstruct the free passage through the tube. It also avoids the unsightly appearance of the ordinary silver or gold style.

The advantage of the arm is, that it prevents the tube from being blown into the nose, and also keeps the passage to the tube patent. It is only recently that Dr. M. has had the arm put upon these gold tubes; a case having occurred to him where, after the tube had been worn for some months, it was suddenly thrown into the nose during a fit of sneezing.

Further reports of this mode of treating fistula lachrymalis will be given hereafter.

SYMBLEPHARON.

Case 1.—G. V., æt. 68, was burned in the right eye with hot lead five months ago, which left him with symblepharon of the upper eyelid. He was induced to apply for relief, from the tendency to repeated attacks of inflammation and the constant feeling of dragging in the eye affected, on attempting to look from side to side.

Jan. 14th. There is now a firm cicatrix or adhesion between the inner surface of the lid and eyeball, involving the upper and inner half of the cornea, and extending over its surface opposite the edge of the pupil. Dr. Morton separated this adhesion by cutting through the cicatrix, between the lid and ball, with the scissors and scalpel; and then inserting between the wounded surfaces a small piece of lint moistened with oil; after which, closing the eye with Donna Maria gauze and collodion.

Jan. 15th. Removed the lint and the dressings, and touched the corneal surface with a sol. argent. nit. (xxx grs. to a fʒj.)

Jan. 16th. Motion of the eyeball perfect. Touched the corneal surface again with a solution argent. nit. of the same strength. The lid moves freely over the eye, and there is no disposition to unite again to the ball.

Case 2.—Edward McG., æt. 28, was burned in the left eye with melted coin about four months ago. The inner tarsal edge of the lower lid has been burned completely off, obliterating the puncta, and the cicatrix has attached itself to about one-half of the cornea, extending opposite to the lower edge of pupil. The cornea slightly discolored. There is also distichiasis, with considerable thickening of the upper lid,

and the eyeball is held in a fixed position by the cicatrix. This turning in of the inner row of eyelashes of the upper lid, and the dragging upon the lower, when an attempt is made to turn the eye from side to side, serves as a constant source of irritation, and has kept the eye in an inflamed condition since the accident.

Jan. 13th. Dr. Morton removed the adhesion between the lid and the ball with a scalpel. A needle armed with a double silk ligature was then carried through the edge of the freed eyelid and secured by a double knot; then, to keep the lid inverted, it was run through the lower part of orbicularis muscle, and brought out on the cheek to which it was secured by gauze and collodion. A small piece of lint was placed between the wounded surfaces and cold mucilage dressing constantly applied.

TELANGIECTASIS.

Mary R., æt. 12, a healthy girl, had a vascular tumor to form about a year ago on the left side of her nose, just under the eye. For the last three months it has grown to the size of a split pea, and is quite vascular. Its cause was unknown.

Dr. Morton removed this growth (Jan. 9th) by lifting it up with the forceps, and snipping it off with a pair of scissors. There was some hemorrhage. A double ligature was passed under the wound and the parts brought in close apposition.

Jan. 14th. Ligatures removed. Touched with caustic. Wound has almost healed.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

DEFORMITY OF THE FACE FROM THE ABUSE OF MERCURY.

A girl was presented suffering from a horrible deformity of the face, dependent upon the abusive use of mercury when about six years of age. This has produced ulceration of the mucous membrane lining the cheek; has destroyed the integument of the cheek and the buccinator muscle, involving finally the masseter muscle and producing ankylosis of the jaw. The alæ nasi are gone; the upper lip on one side and the teeth have become distorted, the alveolar processes being gone, and there is but slight partition between the nostrils and the mouth, the jaw itself being not fully developed.

To remedy this deformity, it will be necessary first to try to open the mouth, and then reconstruct it. Unless all the cicatricial tissue is destroyed, the contractions will be redeveloped.

An upper lip can be formed from the skin of

the face, and after this the side of the mouth can be readily built up; but the greatest difficulty will be in overcoming the ankylosis, on account of the apparent inability of the jaw-bone to resist the force necessary to separate the lower from the upper jaw.

The case will, for the present, be held under consideration and operated on at some future clinic.

DEFORMITY OF THE LOWER EXTREMITIES, ONE LEG CROSSING THE OTHER—OPERATION FOR ITS RELIEF BY DIVISION OF THE TENDONS OF THE PECTINEI MUSCLES.

The etiology of deformities of this kind forms a very interesting study. They are frequently caused by irritation of the nervous centres, involving the origins of the nerves supplying the muscles, and resulting in insufficient innervation. The consequence of this continuous irritation is the production of club-foot, contraction of the ham-string muscles, and similar deformities.

The present case is that of a little girl, whose toes turn inward, the limbs crossing each other. This is caused by the contraction of the two pectinei muscles throwing the limbs over each other.

In addition to this, the child has had a club-foot on the left side; and, profiting by Prof. Pancoast's recommendation of dividing the *soleus* muscle, instead of the *tendo achilles*, Dr. Maar, of Tamaqua, performed this operation some time since, and the result has been a perfect cure.

In connection with the contraction of the pectineus muscle on each limb, there is a rigidity of the ham-string muscles. The muscles resist every effort to stretch them to any extent; the difficulty is greater on the left side. When attempting to walk, the limbs cross over each other, and the child cannot progress.

The operation will consist in dividing the pectineus muscle of each limb subcutaneously. The great advantage of subcutaneous operation is, that its effects are not more serious than a sprain, in which the parts, being kept at rest, become well. No air is allowed to get to the wound.

Thus operations on the eye, where we cut the sclerotics, the iris, and the lens so freely, are but subcutaneous operations of another kind. If air was allowed to enter the wounds in our operations for artificial pupil and other operations about the eye, there would be no success attending our efforts.

After dividing the pectineus of one side, the *adductor longus* was found to make some resistance when straightening the limb; it was also divided by pressing the point of the instrument against it, when the leg yielded and came to a proper position.

The pectineus was divided completely, and a portion of the *adductor longus* on both sides.

It was not thought necessary to divide the ham-strings, because, in these cases, when one muscle is particularly involved the others suffer, as it were, only symptomatically, and all will often get well by mere division of the most offending muscle.

The limbs are to be well rubbed and shampooed with the hand, so as to stretch them, and after a while the child will be ordered an apparatus to support them while walking.

Should this treatment not succeed in overcoming the remaining difficulty, the ham-strings will be divided on a subsequent occasion.

ENCEPHALOID CANCER OF THE MAMMARY GLAND—OPERATIONS FOR ITS REMOVAL.

The patient is an old lady, 60 years of age, residing at a distance from the city. She has been suffering for nine months with a cancerous affection of the breast, which began just at the point where the skin and mucous membrane meet together at the nipple. Here a small tubercle formed, which rapidly grew, the cancer assuming its most fatal form, that of soft cancer or fungus hæmatodes.

There are three kinds of cancer, the chronic scirrhus, the more acute encephaloid, or fungus hæmatodes, and the colloid cancer, which latter is not seen in the mammary gland. These tumors depend on the development of cancerous cells, which have a more or less rapid growth, and become infiltrated in the natural tissue of the gland.

In the very chronic cases, sometimes they send processes of the cancerous growth to the skin, which is drawn in, and sometimes the skin itself is seen so filled with cancerous matter on the surface, that it looks like a piece of bacon.

Sometimes we see what has been called *back-shot cancer* by the late Dr. Parrish.

Wherever there is a chronic scirrhus tumor of the breast, with small tumors of this kind rolling under the skin, the case cannot be cured by any process under heaven, and it is folly to attempt extirpation.

These tumors are slow in their progress, and must be left to nature; extirpation avails nothing on account of the invariable metastatic tendency.

In the present case of rapid growth of malignant fungus hæmatodes, there has been, almost from the start, sloughing of the nipple and surrounding parts. This occurs in consequence of the mass not permitting the blood vessels to pass into and through the parts as freely as is necessary for their nutrition; sloughs result.

In examining the present case, the lymphatic glands in the axilla have not been found affected; there is no apparent enlargement of the absorbents.

As a general rule, these rapid cases of fungus hæmatodes of the breast are not so apt to involve the glands of the arm and axilla as the scirrhous forms.

The patient is otherwise in the enjoyment of perfect health, and therefore there is a decided prospect of a cure by amputating the whole mammary gland, though it be fungus hæmatodes.

There are three things to be considered in these affections, to leave them alone, to attack them by caustics, or to remove with the knife. If the tumors are small they may sometimes be removed by caustics, but not when so large a gland as the breast is involved. Where the knife has already been used, and the disease returns, the caustics may be employed.

As the skin, in the present instance, is involved in the cancerous mass, it will be necessary in removing the tumor to remove a large portion of the skin, and also the whole development of the gland, both layers of the superficial fascia and the fascia, which covers the pectoral muscle; if it has extended beyond the fascia, involving the sheath of the pectoral muscle, that also must be taken away. Dr. Pancoast has often removed the pectoral muscle, and even portions of the intercostal muscles without ill results.

Dr. Pancoast has frequently removed the gland, not by dissecting it out, but by evulsion, tearing it up from its bed after loosening it, and considers this mode as of great value; all the hardened part is brought out along with the gland. All the absorbent vessels in the immediate neighborhood are torn out with the mass; so with the absorbents and similar parts of the arm pit; there is also less bleeding attending the operation than when wholly performed with the knife, while the great object of removing all the surrounding hardened tissue, which does not present to the eye any physical changes, is more surely accomplished.

Dr. Pancoast then proceeded to perform the operation, making the incision first in the lower border. The flaps were then dissected off, and the tumor removed by evulsion, with the fingers, stripping off part of the sheath of the pectoral muscle.

The hemorrhage from the vessels was controlled by acu-pressure.

After careful examination to see that no part or appendages of the gland were left in the wound, the parts were closed in the usual manner.

Service of Dr. Gross.

EPITHELIAL CANCER OF THE LIP—REMOVAL.

The patient is a man nearly seventy years of age, the diseased structure occupying the lower lip.

About three years ago he discovered what he considered to be a wart on the free border of

the lip, near the median line. This rapidly increased in size, and at the end of six months, after its first appearance, was removed by Dr. Walter, of Marietta. For two years there was an immunity from suffering, when the disease returned, and it now involves the free margin of the lower lip, extending down some distance, nearly as far as the chin.

The parts are quite movable, though painful when roughly handled, which also causes in the part a disposition to bleed. The pain is of the sharp, burning character.

There is an enlargement of one of the lymphatic ganglions along the lower jaw, but as the patient remembers the existence of the swelling from childhood, it can have no connection with the affection of the lip.

Whenever the lip is affected to any extent with epithelial cancer, or where the disease has existed for any length of time, enlargements of the lymphatic ganglions along the lower jaw should be sought for as in cases of scirrhous; the same as the glands of the axilla are examined in cases of cancer of the mammary gland.

So also should the glands in the groin be examined in cases of cancer of the penis and testicle. This should never be neglected, as the existence or non-existence of glands involved, has an important bearing on the prognosis with regard to the probable result of the operation. For, when the glands are very much involved, the operation is often refrained from, and for obvious reasons.

With regard to the probable result of the operation in the present instance, it is certainly favorable for the patient that he remained exempt from a return of the disease after an operation, for nearly two years and a half, supposing that the warty excrescence he describes, was of the carcinomatous character.

The disease is nothing more nor less than cancer of the cutaneous and mucous tissues. Epithelioma is a term applied to the affection, without throwing any new light on the disease, for it is really cancer; it is scirrhous somewhat modified by the structure of the parts involved. It is as dangerous as scirrhous, and just as malignant in the great majority of cases; and, whenever removed, it is almost certain to return in a period of from six to nine or twelve months.

The tumor was removed by a V shaped incision, the base corresponding with the free margin of the lip, and the apex with the chin, carrying the incision a little down beyond the diseased portion.

The disease was found so extensive that a large portion of the lip had to be removed.

If there should be no return of the disease, a new lip may, perhaps, be formed at some future period by a plastic operation.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D., Albany.

The third of the monthly meetings of the society was held in the Common Council Chamber on Friday evening, January 18th. Dr. Vanderpool presiding.

TUBERCULAR MENINGITIS.

Dr. Lansing read a monograph of a case in a lad of eight years, in which he diagnosed tubercular meningitis. He had been aided in this conclusion by the information that the parents had lost a child only a few days previously from consumption, with glandular swellings of the neck. Having carefully narrated the symptoms, he proceeded to say that the treatment instituted was iodide of potassium, two grains every three hours; application of cloths, dipped in cold water, applied to the head, with four ounces of beef-tea and half an ounce of whisky, to be taken during the night; cod-liver oil used as an embrocation to the bowels. With the nourishment and stimulus increased, this treatment was pursued for a period of twelve days, when the case terminated fatally. There was a steady increase in the circulation and respiration during three several days, the former being at 70, and rising to 140, and the latter from 24 to 30. He believes that reasoning generally and logically on the subject, that the plan of treatment which embraces the use of iodine, iodide of potassium and cod-liver oil, with mild stimulation and nutritious diet, is preferable to one made up of depletory measures and the free administration of calomel, on the supposition that this, like simple meningitis, is an inflammatory disease. The instances of recovery are rare.

The paper appointed for the evening was on

REDUCTION OF DISLOCATION OF THE FEMUR BY THE REID METHOD, WITH OBSERVATIONS UPON ITS UNIVERSAL APPLICATION TO ALL KINDS OF DISLOCATIONS OF THE HIP-JOINT, BY DR. JOHN SWINBURNE.

Dr. SWINBURNE said that, in reading the original article of Dr. Reid, published in the "Transactions of the Medical Society of the State of New York, in 1852," and Dr. Markoe's cases of dislocation of the femur, published in "Braithwaite Retrospect," he was impressed with the unvarying expression that little or no force was requisite to effect a reduction, and that the position of the head of the thigh-bone did not alter the direction of the flexion, rotary, or semicircular movement. Coupling these ar-

ticles with his own experience and observation, in this mode of reduction, and noticing the relaxation of muscles each in their turn, while none of them were used as a fulcrum to the great detriment of the muscles, (and a decided disadvantage in the process of reduction,) he became satisfied that few physicians had read attentively, or if so, they had failed to appreciate the advantages of full relaxation of the flexors, adductors, and rotators of the thigh and leg, which, if not all, is at least an important part in the reduction of a recent case of the femur. He then noticed the claims for this step in surgery in behalf of Dr. Nathan R. Smith and Dr. Reid, and proceeded to show that in his work, as edited by his son, Dr. Smith only claims that his method was applicable where the dislocation was upon the dorsum ilii, while Dr. Reid's method was applicable to every form of dislocation of the bone.

Dr. Smith's plan is to place the body in a horizontal position, fasten the sound limb and body to the bed or table by means of a broad band or belt:—"Grasp the knee of the dislocated leg, flex it upon the thigh, in order to make the leg a lever with which to operate on the thigh bone; then gentle rotation of the thigh outward by inclining the foot toward the ground and rotating the knee outward; then the thigh is to be slightly abducted by pressing the knee directly outward; lastly, the surgeon freely flexes the thigh upon the pelvis by thrusting the knee upward toward the face of the patient, and at the same moment the abduction is to be increased, and a degree of rocking motion given to the bone.

Now contrast these instructions with Reid's method, which is "To place the patient on his back—table or otherwise convenient position for the physician. Then seize the ankle with one hand, the knee with the other; then flex the leg upon the thigh, strongly adducting it, carrying it over the sound one, and at the same time upward over the pelvis by a semicircular sweep, as high as the umbilicus; then abduct the knee gently; turn the toe outward, the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a slight jerk and an audible snap, and the whole limb will slide easily down into its natural position beside the other."

These manipulations and observations I shall divide into six parts:—

1st. The first consists in the flexion of the leg on the thigh.

2d. Semicircular sweep outward or inward.

3d. Flexion of the thigh upon the pelvis.

4th. Rotation, oscillations, or rocking motion of the limb.

5th. Inquiries as to where the true fulcrum is situated.

6th. To what forms of dislocation is it applicable?

In division No. 1, according to Smith—

1st. You flex the leg on the thigh to make it a lever to operate with, while Reid does the same thing to relax the muscles of the leg and thigh.

2d. Smith performs the semicircular sweep outward, while Reid makes it inward, over the sound limb.

3d. Both operators freely flex the thigh on the pelvis. Smith performs the outward flexion by abduction, while Reid makes the inward by adduction, and does not abduct at all, except slightly after free flexion is effected and the bone dislodged from its abnormal position.

4th. Both agree as to the utility of rotation and rocking of the limb.

5th. The fulcrum, according to Smith's notion, was the adductor muscles, while Reid demonstrates the pelvis as the true fulcrum. With regard to power and resistance, there can be no difference of opinion.

In Prof. Smith's manipulations—

Error No. 1, is the misapprehension as to the true position of the fulcrum. Error No. 2, use of powerful abduction, first and last. Error No. 3, is the true reason for flexing the leg upon the thigh before flexing the thigh on the pelvis.

6th. Reid's method is applicable to all forms of dislocation of the hip-joint, while Smith only claims that his method can be applied to dislocation on *dorsum ilii*.

In reading Smith's memoir on this subject, and noticing the plan of manipulation, and contrasting it with his expressed views of the *modus operandi* of the reduction, we will see that he was entirely mistaken in the position of the true fulcrum, as will be seen by the following quotations; also his continued injunction as to abduction:—

He says, "We use the bone as the lever, on the long arm of which we use our force. The adductor muscles, the fulcrum, and the head of the bone the resistance."

Now, this is inconsistent with his manipulations, which make the pelvis the fulcrum, the same as in the Reid method, but the Doctor mistook the true fulcrum, and hence the impression that the method was not applicable to all forms of dislocation.

Had Professor Smith studied the *mode* a little more carefully on the *cadaver*, he might have demonstrated the true fulcrum. The following quotation will show that he was still in much doubt as to the principle involved in this dislocation, when he says:

"There is no doubt a constant mechanical principle upon which the reduction is effected, in such cases, and one which, perhaps, would succeed in nearly all cases, if we knew how to employ it understandingly, and with precision, and did not avail ourselves of it by mere hap-

azard—this frequent failure of art and success of accident satisfy me that there is some important principle relative to the mechanism of these dislocations (*dorsum ilii*) which is not yet understood;" and, again, he says, "Accident ought not to accomplish the reduction of a bone with more ease than art. When it does, such accident should be our instructor, and teach us the mechanism by which it operated, and this we should repeat in similar cases."

Again, he says, "There was a mode which would, perhaps, succeed in nearly all cases, if we only knew how to employ it understandingly."

Truthfully acknowledging the incompleteness of this mode of procedure.

It would seem by the following quotations, that in his method the reduction was entirely effected by the adductor muscles becoming the fulcrum.

If this is true, we should not only have to overcome the resistance of the rotary muscles situated about the head of the bone, but also the friction of the pelvis, as the head becomes firmly impacted against the ilium in attempts to abduct the limb—while, on the contrary, abduction, with the semi-circular sweep and flexion, lifts the head of the bone from the *dorsum*, stretches the capsular ligament, and thereby allows the bone to fall or glide into its normal position.

If the hip is dislocated upward and backward, he says, "We grasp the knee, and powerfully abduct the member; we put powerfully on the stretch the adductor muscles—now the muscles, drag the head of the bone directly toward the natural position. In abduction we regard the hand of the surgeon as the power. The tense adductor muscles furnish the fulcrum, and the head of the bone the resistance. The hand of the surgeon acts upon the longest arm of a lever of the first kind, and, therefore, with great mechanical advantage in throwing the head of the bone toward the acetabulum."

Note his expression, where he says "The glutei muscles are most effectually relaxed; the adductor muscles are put powerfully on the stretch by the member being powerfully abducted."

Now, the reverse of this is true in the Reid method; the adductors and flexors of the thigh are relaxed, while the glutei are made tense, and absolutely assist in the reduction by supporting the head of the bone and guiding it to the acetabulum.

On the contrary, forced abduction before flexion is sure to lacerate the adductor muscles. Reason—the farther the head of the bone is placed from the socket, and particularly on the *dorsum*, the more obtuse will be the angle formed by the adductor muscles with the bone, and hence, of necessity, the more easily they will be torn.

On the other hand, lift the head of the bone

from its confined position, and then the muscles will have full power to act with advantage.

Prof. Smith's general directions for reduction, with the exception of abduction, were very correct, and, with a little more knowledge of the laws governing this form of dislocation, would have made the plan of reduction complete; but his frank confession that it was applicable only to dislocation on the dorsum illii, and no other, coupled with a want of proper confidence in the knowledge of a proper plan, as expressed through the whole essay, and from a want of sufficient practical demonstrations of the principles involved, the plan was abandoned without being fully illustrated to the profession; hence, it was inferred that this plan was not practical; that it lacked the proper guides and rules of application.

In searching the journals I can find no record of reduction of hip joint dislocation by his method—manipulation—until the time of Reid—while, since the publication of Reid's article, I find several cases reported, the reduction of which involved nearly the same principle, that is by flexing the leg on the thigh, and the thigh on the pelvis, thereby making the pelvis the fulcrum.

It is not, however, my province to decide at this period whether Dr. Reid is, or is not, the first to describe and demonstrate a method by which the profession are to be guided in the reduction of dislocation of the femur. I only ask to be allowed to present all the evidence in the premises, in order that an intelligent profession shall judge, as I have done, the facts and merits of the two modes of procedure; one (to me) seems a matter of science, simply following out the indications of nature, and moving the limb in the direction which seems the most natural and easy.

Each motion will be examined in detail, and will be found consistent with science and nature; while, on the contrary, the other seems a hap-hazard effort to force the head of the bone to assume its natural position by a kind of lever power, making the adductors the fulcrum.

If any one is disposed to pursue this subject, as a matter of science, let him attempt to abduct his own thigh (either when straight or partially flexed) to any considerable degree. Note the pain which follows, and the impossibility of carrying the abduction to any great extent before the muscles seem as if about to be rent. Note the rigid condition of the abductors. Surely, if the pain is great on attempting abduction in the normal condition of the limb, how much more tense the muscles, and painful would be the abduction if the head of the bone was on the dorsum illii—when the insertion of the abductors would be nearly at right angles to the shaft, and made tense by its position—making abduction more difficult and painful.

Place yourself in the recumbent position, go through with Reid's method, or, if you please,

let your friend do it for you, and you will see that all of the motions are natural, that each set of muscles relax and contract in their turn, with no pain; while, follow the other plan of forced abduction and flexion, and you find they are attendant with great pain.

I conceive that an intelligent profession will fully appreciate the difference on the one hand of strong abduction before flexing the limb on the body; and on the other of the important point in the reduction, (which needs to be followed like the demonstration of a mathematical problem,) that Smith regarded the adductors as the fulcrum upon which the femur was to act as a lever, while really not the adductor muscles but the pelvis forms the fulcrum.

In illustration of the method four cases were cited, in one of which the reduction was accomplished upon the first effort, and in a single minute.

Dr. Hoff fully concurred regarding the efficacy of the Reid plan for reducing dislocation of the femur, but believed there existed a necessity for firmly fixing the pelvis; and by bringing the position of the bone first upon the dorsum illii, wherever its abnormal position, it must be resolved into a dislocation upon the dorsum before its reduction. He had never seen the plan succeed by the first effort, unless the head of the bone was upon the dorsum illii. If the pelvis be firmly fixed he thought there was but little necessity for abduction or rocking motion of the thigh, for the head of the bone would slip into the acetabulum.

Dr. SWINBURNE remarked that the anæsthesia of the muscles, according to Dr. Reid, destroyed the surgeon's aid and guide. The reports of the manipulations in Europe are not in accordance with the method laid down by Dr. Reid.

Dr. POMFERT related a case recently under his observation where the Reid method had failed. The patient had been crushed in a clay bank and suffered injury of the spine. The pulleys were applied, and the dislocation reduced. Why had the Reid method failed? Perhaps, because the pelvis was not fixed, for in a post-mortem examination that followed the next day, the pelvis was separated from the dorsum illii, and fractured through the acetabulum. Hence it was movable, and perhaps demonstrates the necessity of the pelvis being fixed in the act of reduction by this method.

—o—
Eruptive Fevers among the Chinese.—Dr. Hobson, late a medical missionary to China, says, in the *Medical Times*, that small-pox, measles, chicken-pox, are of common occurrence in that country. Scarlet fever is unknown. Small-pox is exceedingly fatal when it spreads epidemically. Inoculation is generally practiced, and is accomplished by introducing the virus into the nose. Vaccination has been recently introduced by British physicians, but prevails but to a limited extent.

MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

NINETY-FIFTH ANNUAL MEETING.

Held at Trenton, January 22d and 23d.

PRESIDENT'S ADDRESS.

The Society met January 22d, in the evening, when Dr. W. ELMER, the President, read the anniversary address, of which we give an abstract.

After a rapid glance at the history of the Society, and the progress made in medicine since, quoting as examples surgery, which has become more conservative, rather striving to save limbs than to "cut and slash;" hygiene which seeks to prevent the occurrence of disease, and to elevate the sanitary condition of man; and the treatment of insanity, which has become rational and humane, Dr. ELMER referred to the subject of medical education.

With greater strictness, he remarked, in educational requirements, we need not apprehend so large an annual flight of half-fledged birds from some collegiate walls, to expose our profession to ridicule and contempt, and to make us feel that the appellation of "Doctor" does not command the honorable distinction to which it formerly entitled its possessor. The proposal to establish a national title of membership at the last meeting of the American Medical Association may, if adopted, prove advantageous, by contributing to the elevation of medical character and attainments. The hords which annually swarm from our medical schools of every grade, far exceed the actual demands even of our rapidly increasing population. With a population of thirty millions we annually see diplomas granted to fourteen hundred or fifteen hundred new recruits; while in France, with a population of thirty-five millions, only some seven hundred or eight hundred join the ranks. It is because of this redundant number, and of the immature character of so many of these nominal physicians, that the honor and moral standing of our profession falls into not a little of its disrepute, for not a few are the instances in which these supernumeraries unite some other vocation with their medical profession, and even lend themselves to schemes of questionable propriety. The estimates made for the real requirements of physicians, has been about one to every two thousand and inhabitants. But this computation may be fairly so modified, as to make it one in every fifteen hundred, in order to meet the exigencies of epidemics, endemics, and the like. In Austria, the ratio is about one to every thousand, and in France, one to every two thousand, while, in our own country, we can number some forty thousand doctors, beside the legion of uneducated and half educated practitioners, who are allowed to sport with the health and

life of the credulous, and to hoax a patient public by immense promises and infinitesimal performances.

But, in spite of these and other drawbacks, the prospects are bright. We behold steady improvement manifested in a deeper acquaintance with scientific laws—in the application of those laws to the preservation or restoration of health, and in the increased average of the duration of human life, as shown by reliable statistics.

The address closed with an earnest exposition of the social and moral duties of the physician and the sentiments that should guide him through life.

REPORT OF THE STANDING COMMITTEE.

We omit the account of the mere technical and business proceedings, and proceed to give a resumé of the able and interesting report of the Standing Committee, which was presented by the chairman, Dr. STEPHEN WICKES, of Orange.

After alluding to the decease of two members, during the last year, Isaac H. Hampton, M.D., of Bridgeton, Cumberland county, and Hon. Ferd. S. Schenck, M.D., of Six Mile Run, Somerset county, and giving condensed biographical sketches of both, the committee acknowledge the reception of reports from the district societies of Essex, Warren, Hunterdon, Camden, Gloucester, and Cumberland. The want of interest, on the part of the profession, in furnishing material for reports is complained of. The cause of this is chargeable both to the district societies and the State society. To the former in their indifference, to the diffusion among the profession at large, of the cases of interest and of the diseases, epidemic or otherwise, occurring within their respective limits; and to the State society in its inability to give, by a ready and attractive publication of its transactions, an inducement to contributors to furnish papers of value.

DIPHTHERIA.

The reports received, all notice this disease as epidemic to a greater or less degree. It has been most prevalent in Essex, Hunterdon, Cumberland, and Gloucester. As a resumé of the whole, the committee notices the following facts:—

Diphtheria is regarded, in all the reports, not as a local affection, but as a blood-disease, and of a specific character, distinct, in the opinion of most of the observers, from scarlatina and cynanche trachealis. Its diagnostic symptom is expressed in its name. The membrane or membranous exudation forms patches, and becoming, more or less, continuous over the velum palati, fauces, and adjacent parts, includes, in the more severe and mostly fatal cases, the larynx and trachea. It prevails epidemically,

either by infection or contagion or under malarious influences, just as scarlet fever and the other exanthemata. It is not attended with an eruption. It is, with few exceptions, a disease of low grade, requiring tonic and not depleting remedial measures. It is epidemic in high, well-drained, and non-malarious districts, as well as in insalubrious, low, marshy regions, and lastly, though not less important on that account, it is, though often fatal, a disease as readily controlled by judicious and careful treatment as any other grave disease. Dr. Bacon, of Cumberland, reports eight deaths in two hundred cases; Dr. Rosenberger, of Hunterdon, reports three deaths in eighty cases; Dr. Southard, of Essex, four deaths in forty cases. This is a mortality of about four per cent. Others report a moderate prevalence of the disease, but in a mild and benignant form.

The views of the reporters, in regard to the treatment, are remarkably uniform. Indeed, no one can read these reports without being impressed with the fact, that there are well-established and well-defined principles of treatment, which direct the physician in his management of morbid phenomena. The treatment recommended is constitutional and local. When asthenia characterizes the affection, as was the case in the most of the districts noticed, tonics and stimulants, with beef-tea, and other supporting measures were adopted and recommended as usually successful. The tinct. ferri sesquichloridi, ten to fifteen drops, in water every three or four hours, with chlor. potassæ and quinia, brandy, and brandy with milk; chloric ether, etc., are the articles chiefly recommended. For the local affection, nitrate of silver in solution, twenty to fifty grains to the ounce, sulph. of zinc and tannic acid were used with more or less benefit. The disease, though new here as an epidemic, yet there can be no doubt that it has always occurred sporadically. This is the opinion based upon the experience of the committee.

SCARLET FEVER.

This has prevailed as an epidemic in Newark and in Camden during the year. The rest of the State, so far as heard from, has been to a great degree exempt from the disease. In Newark the epidemic commenced in the fall of 1859, and with a short interval has continued to the present time. The number of deaths registered from September, 1859, to January, 1860, was 96; from January, 1860, to January, 1861, 233, making in 16 months 329 deaths. The Reporter supposes from data at his command, that the deaths were as 1 to 10, which proportion will give 3,290 as the number of cases which have occurred since September, 1859.

Pertussis and measles have been prevalent in some portions of the State. The latter has been epidemic in Orange to an unwonted degree for

the last four months, and prevails still. It is marked by no peculiarities, and has seldom presented a grave form.

RISE AND PROGRESS OF MALARIOUS DISEASES.

The Committee, through the Chairman, addressed a letter to the Reporters, asking from them a notice of the rise, progress, and phenomena of the malarious diseases in their respective districts, and whether they are of greater or less frequency than formerly. The object of this inquiry is to obtain a history of malaria in New Jersey. Some responses have been received, and it is hoped that this important and highly interesting work will be energetically prosecuted by the Reporters.

MEDICAL ORGANIZATION.

The report concludes with a consideration of the necessity of more thorough medical organization. "What is necessary in this State and everywhere, to protect the interest and elevate the dignity of the profession, is efficient, harmonious association, and we believe that the State Society will do much toward advancing its own honor, dignity, and welfare, by doing all in its power to promote and foster the local medical societies and associations."

ESSAY ON THE MIND AND NERVOUS SYSTEM IN THEIR GENERAL RELATIONS TO DISEASE.

Dr. E. M. HUNT read an elaborate and highly interesting essay on the above subject, in which the importance of studying the influence of the nervous system upon health and disease is ably set forth. While physics and chemistry play an important part in the life of the higher organized beings, yet it is erroneous to base our physiological and pathological views exclusively upon physico-chemistry. The newest researches of Claude Bernard, Brown Sequard, and other physiologists, show conclusively that lesions of various organs and alterations in various secretions, are but the results of irritation of particular nerves, and may even be produced by mental conditions and impressions. Hence, if diseases have commenced in the nerves, our bleeding and cathartics, and all our chemistry and mechanics, are only removing results and checking causes; and our treatment must be modified to address remedies, such as sedatives or stimulants, to the starting point first, or if too late for this, to value depletion and evacuants, merely as preparing for these. The facts and laws advanced in the essay point to sedatives, tonics, and stimulants as chief remedies, because affecting the nerves, and to the so-called promoters of secretion, and chemicals generally, as very secondary, valuable only as they remove the morbid results of the morbid action.

Again, these facts lead us to an accurate inquiry as to the opposite states of the nervous system, causing similar symptoms. We may have irritation of the nervous system, and even spasmodic action, from two very different states; from a prostration of the nervous system needing stimulants, or from over excitation; just as we may have all the symptoms of hydrocephalus from inflammation of the brain, or from that state of anæmia following cholera infantum.

The valuable effects of topical medication, and of acting upon the extensive nervous periphery of the cutaneous surface are explained, and their importance appreciated, when we study the relations of the nervous system. The startling effects often of a small scald upon a child, the power of the cold douche, the connection of diseases with changes of temperature affecting the skin, the quick relief often following a perspiration, or the free use of vesicants or rebeferents, plainly show us this. Many an external application which the essayist once regarded as the grannism of an antiquated practitioner, or the placebo of an officious nurse, he has learned to value. What we are at present learning of the nervous system explains many astonishing and recognized results of topical application, and shows how impressions made on these cutaneous nerves reach deeper than we have been accustomed to suppose.

These views of the controlling power of the nerves point us to the importance of mental influences, as a part of our treatment. Often through the medium of the mind we produce powerful effects upon the nerves, and with the nerves acting so prominently in disease, the mind for good or ill is a powerful instrument in disease. Cures, said to be effected by mesmerism, may be in most instances explained by the influences of the emotions and a highly-excited imagination.

These nervo-mental views magnify the value of accurate experience. All that we learn in this department must be by actual observation and practice. We cannot, as in mechanics, or chemistry, reason from eternal laws, we must take the phenomena as they occur, and then astutely criticizing our treatment arrive at conclusions. The three methods by which we reach the nervous element of disease are by mental impression, by cutaneous impressions, and by internal remedies. Each needs a rigid surveillance. In the first we must study the laws of emotions, in the second those of direct and reflex nervous action, and in the third the subtle action of sedatives, tonics, and stimulants. Many of these are powerful as passions, and while partially discarding the former heroic remedies, we must still feel that amid chloroform, aconite, veratrum viride, arsenic, strychnia, and the like, we are dealing with *multum in parvo* heroics. (A distinguished professor in New York city, recently remarked to the essayist, as to one of the remedies mentioned—vera-

trum—that he had seen at least two persons scientifically and skillfully killed by able and experienced practitioners.) The effects of sedatives should be thoroughly studied and classified.

The essayist next considers the direct practical results of the mento-nervous view of disease. It leads to changes of practice no less than modifications of theory. Hanfield Jones, the able physician of St. Mary's Hospital, represents the actual practice of numbers when he remarks that one great point in treatment is not to eliminate disease, but rather to sustain the nervous system and regulate its phenomena. In a large class of maladies, where no organic change has occurred, we do not feel called upon to adopt some active measures, as if the blood-vessels or immediate organs were in fault. Invigorating the nervous system by a tonic course will often re-establish health, where mere solvents, evacuants, or eliminants cannot reach.

It has not been our intention to give a full synopsis of Dr. Hunt's able paper. But we are convinced that this short resumé of its leading features will secure it the earnest attention when published in full, as it will be shortly, with the rest of the proceedings.

MISCELLANEOUS BUSINESS.

Among the miscellaneous business transacted by the society, we may mention a resolution so amending the by-laws, in accordance with a recent amendment of the charter, that the society is at liberty to choose its place of meeting. Hitherto it was forced to meet in Trenton, and the political atmosphere of that place, its want of proper accommodations, and other unfavorable influences have contributed not a little to weaken the prosperity and usefulness of the society. Now that these obstacles are removed, no doubt much increased interest will make itself felt in the profession of the State in every section.

The appointment of special scientific committees is another feature, which will be of great benefit.

A resolution to publish the proceedings of the society separately and increasing the amount appropriated therefor, and ordering the treasurer to sell bank-stock, if necessary, to accomplish this purpose, and thus enabling the committee to proceed at once with the publication, will show its good effects in the increased number of reports next year and their value.

During the session of the society, Dr. Woodward, of Connecticut, was present as a delegate from the Medical Society of that State, and, after being introduced by the president, made some interesting remarks regarding the history and working condition of his society, calculated to arouse among his audience a determination to rival, if not to excel.

The meeting was characterized throughout by the best feeling.

OFFICERS.

The following officers were elected for the present year:—

- President—J. Blane.
 1. Vice-President—I. Woolverton.
 2. " A. Coles.
 3. " I. Vought.
 Corresponding Secretary—T. J. Corson.
 Recording Secretary—W. Pierson.
 Treasurer—I. S. English.
 Standing Committee—S. Wickes, E. A. Osborne, S. K. Martin.

CENSORS.

- Hunterdon—Drs. Reeve, Buck, Vondy, Forman.
 Mercer—E. Hance, C. Hodge, Janeway, Grant.
 Hunterdon—J. Blane, W. Johnson, Creveling, J. F. Schenck.
 Essex—I. A. Nichols, G. Grant, J. A. Cross, A. N. Dougherty.
 Morris—J. B. Johns, N. W. Condict, Van Arsdale, Stiger.
 Middlesex—Baldwin, E. B. Freeman, Hunt, Dunham.
 Cumberland—W. Elmer, N. B. Newkirk, E. Baleman, C. Butcher.
 Burlington—B. H. Stratton, I. P. Coleman, F. Gaunt, H. H. Lonsted.
 Monmouth—C. F. Taylor, Newell, English, Dayton.
 Sussex—T. Ryerson, A. Linn, C. V. Moore, i. Miller.
 Warren—E. Byington, J. S. Cook, J. D. De Witt, J. C. Johnson.
 Camden—I. S. Mulford, E. D. Handy, I. V. Schenck, R. M. Cooper.
 Gloucester—I. Fithian, I. R. Sickler, C. Clark, Miller.

Delegates to American Medical Association.

- Drs. W. Elmer, S. H. Pennington, A. B. Dayton, G. Grant, I. Blane, W. Pierson, Jr., L. A. Smith, S. M. Disbrow, I. A. Freeman, H. R. Baldwin, Stratton, I. B. Coleman.

In concluding our report, we must express our thanks to the officers of the society and other gentlemen, who have kindly allowed us to use the various reports and papers, thus facilitating our task, and enabling us to lay this account before our readers within a few days after the meeting adjourned.

The next annual meeting will be held at NEW BRUNSWICK, on the FOURTH TUESDAY, 1862.

Belgium possesses 51 establishments for the insane. In its population, 4,500,000, it has 4,907 insane persons, or 1 in every 920 of the population.

EDITORIAL DEPARTMENT.

PERISCOPE.

EPILEPSY.

A case of epilepsy, apparently resulting from artificial teeth, is reported in a late number of the *Boston Medical and Surgical Journal*. The patient had suffered for several years from carious teeth, which were extracted, and artificial ones substituted. Paralysis of the muscles of the face and tongue resulted. There was a peculiar drawing of the mouth, from which the aura epileptica came, just preceding the convulsions. The tongue was inclined to fall back within the mouth, the patient was fearful of swallowing it. The false teeth were removed, and the soldering was found discolored. Another plate, of india rubber, was made, when the epilepsy ceased, and the paralysis gradually subsided.

Prof. AUSTIN FLINT, in a lecture published in the *New Orleans Medical News and Hospital Gazette*, and copied into the *American Medical Times*, in speaking on the treatment of epilepsy, states that he is not prepared to advocate any remedy or remedies, as specially applicable. He has used the oxide of zinc without much effect.

CHLORATE OF POTASSA IN GONORRHOEA.

Dr. Irwin, U. S. A., stationed at Fort Buchanan, says:

"It may not be amiss to place on record my testimony in favor of the use of chlorate of potash as a therapeutic agent, which I have constantly used during the last two years in the treatment of gonorrhoea, both in my public and private practice, with the most gratifying results. I have found it to be such an admirable remedy that I seldom resort to any other in the treatment of urethral inflammation. My method of using it is as follows; one dram of the salt dissolved in eight ounces of water, of which an injection is given every hour for twelve hours, at the end of which the discharge will have become changed and diminished, allowing the remedy to be gradually discontinued until the second or third day, when the disease will be generally found to have ceased. So efficacious has this remedy proved in my practice, that I seldom deem it necessary to give any other medicine, save a Seidlitz draught or a dose of Epsom salts.

GLYCERINE AND BELLADONNA.

M. Foucher recommends the solution of belladonna in glycerine, instead of water, for the purpose of applying it around the brow to produce dilatation of the pupil. The extract is thus prevented from drying into a hard crust, and a greater certainty of absorption of the narcotic is insured.

TETANUS.

In the communications of the Rhode Island Medical Society for 1860, Dr. Henry E. Turner, of Newport, publishes a brief account of sixteen cases of tetanus that had come under his notice during an experience of twenty-two years. The following is the result:

| | Recoveries. | Deaths. |
|-----------------------------|-------------|---------|
| Traumatic Tetanus, | 4 | 8 |
| Idiopathic " | 1 | 1 |
| Trismus Nascentium, | | 2 |

Dr. Turner regards opium and its preparations, given in heroic doses, as the sheet anchor in the treatment of the disease, though he would by no means omit the use of such adjuvants as the warm bath and anæsthetics.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 26, 1861.

HINCILLÆ LACHRYMÆ.

Our New York weekly cotemporary is severely opposed to the publication of medical society proceedings of that city by other journals, in advance of its own reports, on the plea that every report should be official. At the same time it aims a side thrust at the proceedings published in the *REPORTER* as valueless, perishable, etc. We are not afraid of comparison, and for this reason annex extracts from the report of the New York Pathological Society of November 14th, as published, unofficially, in the *REPORTER* of November 24th and December 1st, and in the *American Medical Times* January 19th—nearly two months later.

Medical and Surgical Reporter, November 24th, 1860—December 1st.

American Medical Times, January 19th, 1861.

TYPHOID FEVER, MILIARY TUBERCLES—EFFUSION IN THE CHEST.

Dr. Wood next related the case of a man who entered the hospital on the 15th Sept'r, having been ill with typhoid fever for a week previously. After he had been sick about a fortnight, dullness was found existing from the clavicle to the third rib in the left side, owing to far

TYPHOID FEVER COMPLICATED WITH PLEURISY AND PNEUMONIA.

Dr. Wood presented a specimen of ulceration of Peyer's patches, accompanied with the following history:—The patient was admitted to the hospital on the 15th of September, after a week's illness of typhoid fever. The disease progressed as usual for about a fortnight; at the same time

advanced tuberculosis of the apex of the lung of that side. The typhoid symptoms began to subside, and the patient appeared to be doing well. Intercurrent pneumonia, however, supervened in the tuberculized lung, and, in a few days, effusion took place to a great extent in the pleural cavity. A puncture was made between the seventh and eighth ribs, followed by a large discharge of serum. This somewhat relieved the patient, but he did not do so well as he appeared to be doing before the supervention of the pneumonia. He sank, and died on November 6th, having had diarrhoea for the last few days.

The left lung was found infiltrated with miliary tubercle, and there were found traces of extensive pleuritic and enteric inflammation. The regular, pathognomonic, typhoid ulceration of Peyer's patches existed.

He observed that typhoid fever was prevailing to a considerable extent in New York city and hospitals, and that the cases all presented the classic appearance of the intestines.

MULBERRY CALCULUS.

Prof. Metcalfe exhibited a small, extremely sharp, and angular mulberry calculus, passed by a gentleman 59 years old, who had been in good health until the summer of 1859. During that summer he was in Paris, confined to the house by an ailment the nature of which was not

it was discovered by Dr. McCready that there was dullness under the left clavicle extending down as low as the third rib. His typhoid symptoms progressed, and he appeared to be doing well, until some intercurrent pneumonia appeared on that side, which was followed in a few days by pleuritic effusion. This latter symptom was relieved by Dr. Ferguson, who made a puncture between the seventh and eighth rib, discharging a large quantity of serum. After this he gradually ran down, diarrhoea supervened, and he died on the sixth of November. The post-mortem examination disclosed existence of pneumonia and miliary tubercle in the right lung, and also ulceration of Peyer's plates.

RENAL CALCULUS WITH SYMPTOMS OF INTERMITTENT FEVER.

Dr. Metcalfe presented a specimen of a small mulberry calculus, which had been passed by a gentleman 59 years of age. He had been in good health until the middle of the summer of 1859, when, in Paris, he was confined to his bed for

obvious to his attending physician. The most prominent symptoms then were very severe pains in the loins, and nausea. He returned home, remained in good health until last summer, when he was seized, while residing on Staten Island, with a chill, fever, headache, nausea, and severe pain in the loins. These phenomena recurred paroxysmally, and were treated by quinine. Improvement followed, but the patient did not recover his former state of health. The paroxysms continued to recur very regularly, at intervals of a week or fortnight, with precisely the same symptoms. The longest interval which occurred was one of a month. During these attacks the patient suffered agony which it was fearful even to behold. Calculus was suspected, and the urine watched. Nothing, however, was found. About a fortnight ago he had a very severe paroxysm. The urine was examined, but nothing abnormal detected—no oxalate of lime, though it was specially looked for.

One morning it was found that he had been passing blood. The urine was deeply turbid, the clothes smeared, and pure blood found oozing from the orifice of the urethra. All the powerful symptoms had disappeared. The patient stated that he had heard something drop into the vessel containing urine. That something was found to be the calculus exhibited. Prof. Metcalfe

about a week; the nature of his illness was obscure to his physician, but the prominent features were severe pains in the loins and nausea. It was thought to be colic, and the idea of the existence of calculus suggested itself. This gentleman afterwards came home, and was in good health until some time during the past summer, when having spent some time at Staten Island, he was seized with the symptoms of intermittent fever; which attacks came on with shivering, nausea, and violent pains in the loins. During my absence, he was treated by Dr. Thomas, who kept him under the use of quinine, but the paroxysms would recur regularly at the end of every fortnight. The presence of a calculus in the kidney was strongly suspected, and the urine was very carefully examined, but no trace of crystals was found. About a fortnight ago, he was seized with another one of his paroxysms, which, as usual, was attended with a great deal of pain in the back. I then examined the urine myself, and found nothing abnormal in it. I went to see him one morning about a week ago, and found that he had been passing blood quite freely, the urine in the vessel was very darkly tinged, and pure blood flowed from the urethra. He stated that in urinating he heard something drop into the chamber, which, after a search, proved to be a small calculus. Since that time the hemorrhage disap-

peared, and he has been troubled no more with any of the distressing symptoms already referred to. I look upon the case as one in which the passage of the calculus gave rise to the symptoms of intermittent fever.

Considering that our report was published within ten days after the meeting, and that we had no two months and five days to arrange and adorn it, we think the reader will acknowledge that we have not done so badly after all, and that the official report of the *Times* remarkably coincides with our own, previously published.

But, while the *Times* thus endeavors, on the plea of "official reports," to hide its own shortcomings, it has not the slightest compunction to falsify dates in order to make its readers believe that its reports are published promptly.

Thus, in its issue of January 19th, it has changed the date of the meeting of the Pathological Society, which was held NOVEMBER FOURTEENTH, to JANUARY NINTH!

With the well-known care of the editors, and their self-proclaimed conscientiousness in the matter of reports, a typographical error is out of the question; NOVEMBER is not very readily mistaken for January, and the 14th for 9th. By the falsification of the date, the *Times* silently admits that it ought to publish the reports sooner, and practically circumvents the law which it lays down itself. Still the matter is of no importance. The reader loses nothing when he is made to believe that a meeting actually held November 14th, 1860, took place January 9th, 1861; only it might be well to have the correct date appended to an "official report."

But, perhaps, like the recipients of Paddy's letter, which was dated a few weeks in advance, so as to give the latest news, the readers of the *Times* may be satisfied with their blissful ignorance, unless, what is very likely to happen, they should stumble on a copy of the *REPORTER* dated a month or two previously.

INTERNATIONAL UNIFORM FOR ARMY PHYSICIANS AND SURGEONS.

Some of the European governments have lately entered into negotiations regarding the matter of army physicians and surgeons. During the last Austro-Sardinian war, it happened several times that surgeons were killed in the battle, because there was nothing to distinguish them from other officers. All feelings of humanity revolt at the idea that a surgeon, while the work of brutal destruction is going on around him, and he alone ministers to humanity amidst the groans of the wounded and dying, should be cut down by a sabre, or transfixed with a bayonet, while on his errand of mercy.

Physicians are not cowards, Heaven knows. There is in our ranks quite as much heroism, and there has been quite as much martyrdom as in any other profession. It is not from want of courage that the adoption of inter-national measures is urged, which would protect the army surgeon from the enemy's bullet and lance, but simply to secure to the poor wounded victims of war a better opportunity of obtaining relief.

The best plan which has been offered, is, that by an inter-national agreement, the army surgeons and physicians of all nations shall wear the same uniform, or that the latter have at least some peculiar and easily recognizable feature, common in all, which would, at all times, and under all circumstances, prove a protection.

There is no reason why this plan should not be carried out. A great deal of fighting is in the perspective of the year upon which we have just entered. Before the beginning of our next volume the whole of Europe may be in arms. But while nation is arrayed against nation in deadly strife, let medicine, or "Clinical Christianity,"—to use the words of the venerable Dr. Alexander H. Stevens—at least remain unshaken and unmoved by the noises of fratricidal combat.

While the humane spirit of the age leads to such measures among the nations of the Old World, it is mortifying to behold in our country some physicians and representatives of the medical press, so lost to all that is high and

ennobling, that they unblushingly, and without shame, attempt to sectionalize science for the sake of their own selfish interests. We tell these men that secession or no secession, union or no union, war or no war, the great heart of the profession in this country will not allow sectionalism to triumph over science, and that when the excitement of the hour shall have passed, and the darkness which now overcasts the political sky shall have given way to sunshine once more, they will find that they have unskillfully played with a boomerang—a projectile used by some Islanders, which, when thrown by the inexperienced, is apt to come down forcibly on the projector's nose.

It was stated in some recent editorial remarks that the treatment of mania-a-potu in the Pennsylvania Hospital was the expectant, anti-spasmodic. This remark is not correct, we learn, so far as the practice of Dr. Gerhard, one of the Physicians of the Pennsylvania Hospital is concerned, who always pursues the stimulant practice.

At its last meeting the New York Academy of Medicine *prohibited, by an almost unanimous vote, the practice of reporting its proceedings in the secular papers.* We are glad that our urgent appeals have found so ready a response. Now is the turn of the Medico-Chirurgical College.

Correspondence.

ATTEMPTED SUICIDE BY ARSENIC—UNUSUAL SYMPTOMS.

MESSRS. EDITORS:—Having had a case of poisoning from arsenic, by attempted suicide, a short time ago, which, as it presented some rather unusual symptoms, I thought it worthy of publication.

The case occurred at a distance of about two miles from my place of residence, between the hours of nine and eleven o'clock A. M. Symptoms of poisoning commenced at about half-past ten o'clock, when a messenger was sent immediately for my assistance, informing me what had taken place. I thereupon hastened to give my aid as soon as possible, and arrived at about eleven o'clock, (which I afterward learned

was an hour and fifteen minutes after the poison had been taken.) I found the patient in a state of extreme excitement, attempting violence upon those around him, and almost perfectly uncontrollable; with a flushed countenance, injected eyes, bulging almost out of their sockets, small quick pulse, severe spasms, and loss of consciousness; he did not appear to recognize his nearest friends; his thirst was extreme, and he would swallow with avidity whatever we gave him to drink. I therefore found no difficulty in administering medicine, and immediately gave him large doses of sulphate of zinc in solution, and demulcent drink. Copious emesis soon followed and continued for some time, after which the threatening symptoms began to subside. Not having the customary antidote (hydrated sesqui or peroxide of iron) at hand, I administered the subcarbonate in large doses, and afterward demulcents and opiates.

The patient recovered perfectly. The amount of arsenic taken is unknown. He informed a friend, a short time before he committed the act, that he had purchased a shilling's worth of arsenic, (which would be about half an ounce, the value of the drug being about twenty-five cents per ounce,) and that he intended destroying himself by taking what he had purchased. I found in his room, upon the window, a paper containing about one and a half or two grains of the drug. Can it be possible that he had taken nearly half an ounce and yet escaped death?

CHAS. E. SHOEMAKER, M. D.

Orefield, Lehigh co., Pa.

MESSRS. EDITORS:—I wish to ask the following questions, through your journal:—Will a child born after the mother has had small-pox, and contracted after she has conceived, be liable to contract the disease? Would the period of pregnancy have any thing to do with susceptibility, and if so, what?

I have a case of the kind which has never been vaccinated, now four years old. I have an opinion, but would like to hear from the profession upon the subject.

Yours, &c.,

S. W. TRIMMER, M. D.

White Haven, Pa., Jan. 18, 1861.

OXFELD, the celebrated French chemist, being examined as an expert on a capital trial, was asked by the president if he could tell what quantity of arsenic was requisite to kill a fly. The doctor replied, "Certainly, M. le President; but I must know beforehand the age of the fly, its sex, its temperament, its habits of body; whether married or single, widow or maiden, widower or bachelor. When satisfied on these points I can answer your question."

NEWS AND MISCELLANY.

On the Diseases of Printers—By Dr. van Holsbeek.—Dr. van Holsbeek having enumerated the diseases resulting from over work, from intemperance, want of cleanliness, vicious habits, protracted watching, etc., proceeds to speak of the morbid affections more specially belonging to the printers' art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumors are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumors sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhoea; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuropneumonia is frequent and severe. These diseases are favored by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the night-work, by gaslight, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hemorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographers, terminate the sketch drawn by the author of the diseases of this interesting class of artizans, with whom we are in daily

contact, and whose intelligence and diligence we have constant reason to admire.—*Lo Sperimentale*, December 1859, p. 560.—*Ohio Med. and Surg. Journal*.

The Insane at the Philadelphia Almshouse.—During the year 1860 there were 758 patients treated in the Insane Department of the Philadelphia Almshouse. On the first of the year there were 439 in the institution, 167 men and 272 women; 132 men and 189 women were admitted during the year. There were discharged 283, of whom 125 were men and 158 were women. Of these, 54, or 22 men and 32 women, were discharged *cured*; 103, or 43 men and 60 women, were discharged *improved*; 49, or 22 men and 37 women, were discharged *unimproved*; while 77, or 38 men and 39 women, died, being a mortality of a little over ten per cent.

The number of patients remaining in the Hospital on the 31st of December, was 475, or 174 men and 301 women.

Ireland furnished about 40 per cent. of the patients; Germany about 16 per cent., and those of foreign birth amount in all to over 62 per cent. About 35 per cent. were natives of the United States.

The wards are much over-crowded, to the great detriment of good order and proper treatment. The means for treating the patients are very limited. It will be necessary, before long, to provide new accommodations for the insane poor of this city, and it is to be hoped that suitable buildings will be erected beyond the city limits, where all indications of fresh air, a plenty of room for out-door exercise, and labor for the men, and a sufficient distance from the city to the institution from being the resort of the hordes of mere curiosity mongers, who now infest it, much to the disadvantage of the patients.

Dr. S. Wylie Crawford, the surgeon now stationed at Fort Sumter, is a Philadelphian. He entered the army in 1851, and was the first on the list. Since that time he has been mostly in frontier service. He acted once as bearer of government dispatches to Mexico, and made on his own account some geographical explorations in the volcanic regions of that country.

Manganese.—An extensive deposit of this mineral has recently been discovered in Berks county, Pennsylvania. With the exception of an inferior quality found in the State of Vermont, this is the only locality from which it is obtained in this country. Manganese is mostly used in bleaching, pottery, and glass making.

Another New Remedy for Tania.—In addition the vaunted powers of Kouso, Kameela, and Pumpkin Seeds, an infallible remedy is now claimed in the Panna Root, an African product of the *Ansepidium Anthamanticum*.

A New Silk Worm on the Condemned Alanthus Tree.—Among the recent discoveries in the art is the production of a new description of silk by a worm which subsists on the well-known Alanthus tree, so much condemned here for planting in the streets. This worm has been introduced into France by permission of the Emperor. It lives in the open air, and produces two crops each year of a strong fibre which has been in use for centuries in China in the manufacture of clothing for the common people. It is stated that in the experiments, made on a large scale in France, this worm has produced a return of cent. per cent., whereas the mulberry silkworm has, under favorable circumstances, produced but fifteen per cent. on the capital invested. It is not proposed to substitute this material for the silk now obtained, but it promises to afford a cheap and economical clothing for the mass of the people, resembling nankeen.

The first information obtained of this new product was from the British Consul at Shanghai, about the year 1848. It was then lost sight of in England, and in 1851 specimens were found at the Great Exhibition, but again mislaid; at least so say the cunning ones, who do not like to acknowledge that they have been outstripped in such a discovery by their neighbors.

From the fact that we have lately heard of a new demand in this vicinity for these long discarded trees, we have no doubt but some enterprising speculator has undertaken this improved plan of the *Multicaulis* business. If so, it is at least to be hoped that too many may not embark in it until they see their way.—*Inquirer*.

Street Accidents in Paris.—A Paris letter, quoted in the *Lancet*, says, that "according to statistical returns prepared by M. Poursageaud, a distinguished geometrician, the too great number of carriages which perambulate Paris cause the death annually of 700 persons, and wound 5,000. Woe to the deaf and the blind! woe to the absent man! In some public places coachmen advance on the pedestrian from five or six quarters simultaneously, and when they do not drive over him they insult him, and he deems himself fortunate to escape with insult. It follows from M. Poursageaud's calculation that carriages in Paris kill and wound more people than all the railways in Europe. They kill and wound more people than the four million of carriages in the rest of France. The proportion between the victims in the provinces and in Paris is 1 in the provinces to 400 in Paris."

Lazaretto Physician.—Dr. Shoemaker, of Carbon county, has been appointed, by Governor Curtin, physician to the Lazaretto.

Births, Marriages and Deaths.—During the last six months there have been registered in this city 8,434 births, 2,319 marriages, and 6,342 deaths. Of the births, 4,426 were males, and 4,008 females, an excess of male births equal to 10.14 per cent. The Nineteenth Ward furnishes the largest number of births, 623, and the Eighth Ward the least, the number being 184. The month of August appears to have been the most prolific, the number of births being 1,575. In December there were only 1,247. The births of colored children numbered but 148; males 82, and females 66. Of the whole number of births there were 57 cases of twins, and 2 of triplets.

Total number of deaths during 1860, 11,568; whites, 10,949; colored, 617; males, 6,109; females, 5,459; male minors or children, 3,594; females, do., 3,125; male adults, 2,515; females, do., 2,334. Deaths from registered diseases, 10,055; do. from still born, 719; do. from old age, 213; do. unknown, accidents, &c., 581.

Appointment of Vaccine Physicians.—The following appointments of Vaccine Physicians have been made by the Board of Health:—First Ward, Dr. R. Reyburn; Second, William Notson; Third, N. C. Reid; Fourth, G. J. Chamberlain; Fifth, C. P. La Roche; Sixth, J. C. Cooper; Seventh, R. W. Ritchie; Eighth, Wm. Moss; Ninth, no appointment; Tenth, H. St. Clair Ash; Eleventh, G. B. Lummis; Twelfth, L. E. Nordman; Thirteenth, W. C. Dixon; Fourteenth, Benjamin Phister, jr.; Fifteenth, E. B. Jackson; Sixteenth, Daniel Hershey; Seventeenth, Joseph W. Rowe; Eighteenth, Isaac McBride; Nineteenth, J. S. Rihl; Twentieth, no election; Twenty-first, J. C. Houston; Twenty-second, D. P. Pancoast; Twenty-third, J. F. Lamb; Twenty-fourth, Eliza Crowell. For the quarter ending January 23d, 1861, 3,005 persons were vaccinated.

Northern Dispensary.—Dr. D. D. Richardson, at present one of the Resident Physicians of the Philadelphia Hospital, and known to the profession as a teacher in his specialty of diseases of the chest, has been appointed Resident Physician of the Northern Dispensary.

Density of Population.—The average population to each house in Philadelphia is, according to the census, 6.32 persons, whilst in the city of New York the rate is nearly fifteen persons to each dwelling. The number of dwelling houses in Philadelphia is more than double that of New York.

A Sanitary Congress will shortly assemble at Lyons, France. It is to be composed of representatives from the chief cities of France, Greece, and the Island of Malta, as also the principal cities along the Mediterranean Sea.

The Use of Ergot of Rye in Menorrhagia, etc.—In a memoir upon this subject, M. Lebel states that, after a due consideration of the phenomena of contractility, which are produced by the ingestion of the ergot of rye either medicinally or when contained in the food, he determined to avail himself of its astringent effects in affections of the canal of the urethra, of the prostate gland, and of the vagina, and that he has been very successful in curing numerous cases of mucous discharges by the administration of this drug.

Dr. Desruelles, one of the professors at Val-de-Grace, has also for many years made use of this therapeutic agent with considerable benefit in cases of urethral discharges.—*London Med. Rev.*

The Dental Cosmos.—Our subscription list embraces a large number of dentists. It may be a work of supererogation—we hope it is—but we would again call their attention, as well as that of our numerous medical readers, to the valuable publication named at the head of this paragraph.

The *Cosmos* is the most thoroughly practical dental publication that we know of. Its articles are, in the main, short, and its resumé, in each number, of dental and of medical literature in its relations to dentistry, is almost exhaustive. The latter department is under the supervision of Dr. Geo. J. Zeigler, of this city, and is conducted with marked ability. One feature of the *Cosmos* deserves commendation. It is honest. It invariably, we believe, gives credit for any information it finds in other journals that it thinks will be profitable to its readers. This is a voluntary tribute to real worth.

"Lost, Strayed, or Stolen."—The *Dental Register of the West* for January copies an editorial article from this journal without credit.

The *Journal of Materia Medica* copies an article into its December number from this journal for which no credit is given. This article appears in the journal among its original communications. In the department of "Selections" and "Pharmacy" are several other articles taken from the *Reporter* without the slightest intimation of the source whence they are procured.

The *Druggist's Circular*, published in New York, copies several articles from the *Reporter* into its January number without a word of credit.

Further comment is unnecessary.

Errata.—In an obituary in our last week's number, two errors occurred, (p. 438.) Instead of Beecher read Bucher, and instead of "29th" read "22d" of December.

"Harris Testimonial Fund."—The late Dr. Chapin A. Harris, of Baltimore, was highly respected in the dental profession, both for his talents and private worth. This respect has taken a shape since his death, that is likely to give his family a practical and tangible proof of the esteem with which his memory is cherished. At a meeting of dentists, held in New York recently, Drs. Eleazer Parmly, Solyman Brown, and E. J. Dunning, were appointed a committee to raise a money testimonial to be presented to the widow of the late Dr. Harris. This committee is authorized to appoint sub-committees in America and Europe for the purpose of carrying out the object of the meeting and giving all dentists an opportunity of uniting in this testimonial to genius and worth in one of their profession.

At the meeting of the Surgical Society of Paris, October 10, Chassaignac exhibited a patient who produced and reduced at pleasure a luxation of the crystalline lens. The lens remained transparent. M. Larrey related a case which he had seen in his practice quite like this one, in which the crystalline lens did not become opaque until three or four years after the luxation.—*Cincin. Lanc. and Obser.*

Citric Acid in Acute Rheumatism.—Dr. Hartung, of Aix-la-Chapelle, is very enthusiastic on the employment of citric acid in the treatment of acute rheumatism, since he does not hesitate to place it above all other remedies used for the treatment of this disease. He prescribes 6 grammes (94 grains) in 150 grammes (about 5 ounces) of water, with two or three ounces of syrup, and orders a teaspoonsful of this solution to be taken every hour, night and day.—*Amer. Med. Monthly.*

MARRIAGES.

KELLY—MORGAN.—On the 10th inst., at the residence of the bride's father, by Rev. E. Bushnenn, William J. Kelly, M. D., to Mary J. Morgan, all of Fremont, Ohio.

BREWER—COOKE.—January 5th, at Fort Riley, Kansas, by the Rev. G. D. Henderson, Assistant-Surgeon Charles Brewer, U. S. A., and Miss Maria Pendleton, second daughter of Colonel Philip St. George Cooke, United States Second Dragoons.

McCULLOCH—WILSON.—In Wapello, Iowa, Jan. 1st, by Rev. J. M. McElvoy, Dr. S. C. McCulloch, of Kirkville, Iowa, to Miss Ann A. Wilson.

Answers to Correspondents.

W.—Four Junior Resident Physicians to the Philadelphia Hospital will be appointed about the first of April. The term of service is two years, the first year as Junior and the second as Senior Resident.

Address the Secretary of the Board of Guardians.

B. C.—The forms of obstetric forceps mostly in use in this city are Davis', Baudelocque's, Hodge's, and Bethell's.

M.—As far as we have heard, success has followed every operation for hernia by Dr. Agnew's method. The adhesions formed, which close the canal and rings, are more extensive than by any other process, and the permanence of the closure is, therefore, more probable.

Address the instrument makers.

G.—The uncertainty of the narcotic properties of the extract of hyoscyamus has been repeatedly noticed.

Extreme narcotism has been produced by four or five grains and we once administered half a dram without producing any impression.

K.—In the hypodermic use of remedies it is safest to first use a quantity less than the ordinary dose for internal administration. Some persons seem to be peculiarly impressible by subcutaneous injections. There have been a number of instances of severe symptoms produced by sulphate of morphia thus used, and a case in the Philadelphia Hospital recently showed the full toxic effects of atropia hypodermically injected to relieve pain.

COMMUNICATIONS RECEIVED.

Alabama—Dr. E. H. Scholl, (with encl.) **Connecticut**—B. Welch, (with encl.) **Delaware**—Dr. T. C. Rogers. **Indiana**—W. O. Sterne, (with encl.) W. E. Chapman. **Illinois**—Dr. B. Woodward, Dr. E. E. Ballou, (with encl.) Dr. G. Irwin, (with encl.) Dr. R. F. Hayes, (with encl.) Dr. G. L. Owen, (with encl.) Dr. J. L. Perryman, (with encl.) Dr. M. Shepherd, (with encl.) Dr. J. M. Mack, Dr. G. H. Bane, (with encl.) Dr. A. Hurd, (with encl.) **Iowa**—Dr. M. Cousins, (with encl.) Dr. I. Langer. **Kentucky**—Dr. D. Johnston, Dr. J. H. Bridwell, (with encl.) **Missouri**—Dr. C. A. Pope, (with encl.) **New Jersey**—Dr. E. M. Cooper, (with encl.) Dr. L. Drake, Dr. J. B. Vandervoer, (with encl.) Dr. S. B. Smalley, (with encl.) Dr. S. Rosenberger, Dr. T. Kitchell, (with encl.) **New York**—Dr. J. Farrar, Dr. W. E. Whitehead, (with encl.) Dr. W. Kilmer, (with encl.) Dr. W. Gould, (with encl.) Dr. A. S. Griswold, (with encl.) Dr. William North Carolina—Dr. W. T. Sutton. **Ohio**—Dr. T. Simpson, Dr. MacNicholl, (8) Dr. S. Silsbee, (with encl.) Dr. T. Carroll, (with encl.) Dr. F. Roelkner, (with encl.) Dr. J. Greenwald, (with encl.) Dr. B. M. Faylor, Dr. J. Frank, (with encl.) Dr. Fischer, (with encl.) Dr. F. Schmidt, (with encl.) Dr. J. H. Pulte, (with encl.) Dr. P. G. Fore, (with encl.) Dr. M. T. Carey, (with encl.) Dr. Boeler, Dr. O. E. Newton, (with encl.) Dr. J. P. Walker, (with encl.) Dr. A. L. Carrick, (with encl.) Dr. L. Eymann, (with encl.) Dr. J. M. Scudder, (with encl.) Dr. J. Stearns, (with encl.) Dr. T. J. Wright, (with encl.) Dr. J. Ludlow, (with encl.) Dr. G. Mendenhall, (with encl.) Dr. J. Garretson, (with encl.) Drs. Elston & Nixon, (with encl.) Dr. J. A. Doherty, (with encl.) Dr. R. S. Newton, (with encl.) Dr. S. Sexton, (with encl.) **Pennsylvania**—Dr. E. Losey, Dr. G. Garman, Dr. George Ellis, (with encl.) Dr. J. E. Ludlow, (with encl.) Dr. A. M. Sigmund, Dr. G. E. Shoemaker, (with encl.) Dr. D. W. Braden, (with encl.) Dr. N. James, (with encl.) Dr. A. H. Halberstadt, (with encl.) Dr. S. Kendig, (with encl.) Dr. J. D. Winters, Dr. E. H. Potts, Dr. J. S. Shimer, (with encl.) Dr. S. W. Trimmer, Dr. J. A. Wolf, Dr. R. Brown. **Virginia**—Dr. L. M. Sencindiver, Dr. P. M. Cline, Dr. R. Campbell, (with encl.) **Wisconsin**—Dr. M. P. McCafferty.

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